

# Maryland STATE MEDICAL JOURNAL

*Medical and Chirurgical Faculty of the State of Maryland*

VOLUME 7

September, 1958

NUMBER 9

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## CONCLUSION OF 1958 TRANSACTIONS

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Medical and Chirurgical Faculty of the State of Maryland

*Semiannual Meeting 1957*

*and*

*One Hundred Sixtieth Annual Meeting 1958*

PRESIDENTIAL, SCIENTIFIC, AND SPECIAL ADDRESSES

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### BUSINESS SESSIONS

*Semiannual Meeting, September 20, 1957*

Beach Lounge, Commander Hotel

Ocean City, Worcester County, Maryland

*Annual Meeting, April 16, 17, 18, 1958*

The Alcazar

Cathedral and Madison Streets, Baltimore, Maryland

TRANSACTIONS FOR 1958

MARYLAND STATE MEDICAL JOURNAL

Volume 7, No. 8, August 1958, Scientific Papers (Lectureship) and Membership Directory  
Volume 7, No. 9, September 1958, Scientific Paper (Lectureship), Presidential Addresses, etc.  
Minutes of House of Delegates and Reports

The I. Ridgeway Trimble Lecture, "A Concept of the Pathogenesis of Gastric and Duodenal Ulcer," which was presented by Dr. Lester R. Dragstedt, will be published in a later issue of the Journal.

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# PRESIDENTIAL ADDRESSES

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## THE EFFECTS OF THE EXPANDING INSURANCE PLANS ON THE PRACTICE OF MEDICINE<sup>1</sup>

C. REID EDWARDS, M.D.<sup>2</sup>

Anyone who has enjoyed the privilege of practicing Medicine for well over four decades has had an opportunity to observe a change in the relationship between the patient and his physician.

When I entered upon the practice of Medicine, any type of insurance to pay for medical services was rare, and there was none to cover hospital costs. The physician treated the patient and made arrangements for his hospitalization. Fees for professional services were arranged directly with the patient.

Since that time, however, insurances in many forms have come into the picture, some take care of hospital expenses, some, professional fees, and some combine the two.

Congressman Harris, of Arkansas, has defined this situation under the title of "The Third Party in the Practice of Medicine," and presented an excellent paper before a group of The American Medical Association at its recent meeting in New York. He has defined the "third party" as one which comes between the patient and his physician. It may be in the form of insurance, as I will later outline. This may be insurance to take care of hospital costs only, or professional charges only, or in combination. The "third party" is also the hospital and its organization. It may be the Health Department—State or Municipal. It may be the Public Health Service. It may be an outside organization which provides a grant for the investigation of disease and the care of patients under certain circumstances. It may be industrial organizations or labor groups, such as unions. Finally, it may be the Federal Government.

The first insurance plan of any magnitude introduced in this country was the Workmen's Compensation Act. This was enacted little more than forty years ago. Its origin was constructed upon the necessity for care of the injured, when the injury occurred during employment. As originally written, it was to take care of accident cases only. As originally written and instituted, it was a rather crude law. The burden of proof of accident was on the employee. Many loopholes were written into the law so that often it was necessary, even in a very simple case, for the employee to resort to litigation in order to recover the amount of his wages covered by the Workmen's Compensation Act.

Some of the larger self-insured companies, and other companies that had a high regard for their workmen and for their responsibility to the community, did not confine their judgments to a strict interpretation of the law, but gave advantage to the workmen in many instances. For the less responsible employers, however, there were too many escapes from the law as interpreted and many workmen were unwisely deprived of the benefits which, under the law, they should have received promptly.

The law, however, has frequently been amended and as now in effect, it is much more liberal than when originally written and, therefore, more satisfactory. Furthermore, so many conditions in industry are responsible for irritations or illnesses in the employee which cannot be attributed to an

<sup>1</sup> Presented at the Semiannual Meeting of the Medical and Chirurgical Faculty of the State of Maryland on Friday, September 20, 1957.

<sup>2</sup> President (1957) of the Medical and Chirurgical Faculty of the State of Maryland.

accident that more recently, in 1951 in fact, the Maryland law was amended so that it takes care of many occupational diseases and conditions. The law now is so liberal that no list of occupational diseases is provided. The Commission acts upon the testimony of expert witnesses, that is physicians who are trained in the diagnosis and treatment of some of these conditions which may be present and can be traced to some toxic compound.

This law, as originally written, provided reasonable compensation for the treatment of accident cases but did not give proper consideration to the medical treatment of non-accident cases, illness caused by occupational conditions, or the complications in surgical cases which might, and did, arise. The law now takes care of all these much more satisfactorily, but is still not adequate. It requires further investigation and expansion to make it what it should be.

Experience derived from the application of the Workmen's Compensation Act probably has stimulated private insurance companies to enter the health and accident field, so that now there are innumerable policies available—policies covering accident and health, and also permanent disability, which may be purchased from private commercial insurance companies.

In the past fifty years the citizens of the United States have become more insurance conscious. In fact, there is no type of insurance that one cannot buy. It is here as a safety measure against economic limitations and pressures, and to take care of emergency expenses which otherwise could not be met. We are all involved in it. As physicians, we must have physician's liability insurance; as automobilists, we must have insurance against casualty in the event of an accident while driving our cars. We carry insurance to take care of collision and damage to our own car, as well as to the one with which it may collide. We have fire insurance on our automobiles. We have fire insurance, storm insurance, flood insurance and theft insurance for our homes, to say nothing of life insurance, which seems to be one of the greatest means of saving money ever enjoyed by the citizens of our country.

Realizing that many people need assistance, in the event that hospitalization becomes necessary, the Blue Cross (in Maryland known as the Maryland Hospital Service, Incorporated) was organized and established in 1937. The record of its benefits and its accomplishments is public information.

Blue Cross began in 1937 with an enrollment of 4,369. Its expansion has been extremely rapid, as the figures in Table 1 indicate.

These figures show the phenomenal growth of the hospital service known as the Blue Cross Plan. However, they cannot express the gratitude of the thousands hospitalized in Maryland during the existence of this Plan. These patients have been relieved of an economic pressure which anyone can

TABLE 1

Blue Cross	Subscribers Enrolled (as of Dec. 31, 1956)	Hospital Care Provided	Blue Cross	Subscribers Enrolled (as of Dec. 31, 1956)	Hospital Care Provided
1937	4,369	\$ 91,661	1948	616,741	\$ 3,770,439
1938	32,454		1949	691,566	\$ 4,899,849
1939	55,006		1950	801,731	\$ 6,438,487
1940	80,663	\$ 340,862	1951	842,117	\$ 7,544,775
1941	119,240	\$ 462,411	1952	860,237	\$10,257,270
1942	161,864	\$ 625,689	1953	864,804	\$11,360,495
1943	206,089	\$ 847,762	1954	878,900	\$12,783,042
1944	278,628	\$ 1,114,322	1955	941,449	\$14,842,778
1945	333,094	\$ 1,538,509	1956	962,291	\$17,972,471
1946	441,284	\$ 2,008,833	1st 6 Months, 1957	1,000,564	\$10,820,206
1947	551,637	\$ 2,918,461			
					Total \$99,829,972

TABLE 2

Blue Shield	Subscribers Enrolled (as of Dec. 31, 1956)	Medical Care Provided	Blue Shield	Subscribers Enrolled (as of Dec. 31, 1956)	Hospital Care Provided
1950	5,272	\$ 1,727	1955	344,409	\$ 2,304,506
1951	159,852	\$ 416,048	1956	390,323	\$ 3,412,228
1952	191,929	\$ 1,153,983	1st 6 Months, 1957	446,015	\$ 2,556,331
1953	219,591	\$ 1,400,728			
1954	260,457	\$ 1,720,509			Total \$12,966,060

TABLE 3  
Interim "Medicare" Report

Date Cleared for Payment	No. of Claims	Cumulative Claims	Total Payment	Avg. Payment Per Claim
Hospital Care				
1-15-57	50	50	\$ 4,398	\$ 87.96
2-18-57	183	233	18,162	96.82
2-28-57	125	378	14,305	97.53
3-14-57	84	462	10,650	102.85
3-28-57	136	598	14,929	104.44
4-11-57	123	721	12,133	103.45
4-25-57	101	822	9,426	102.21
5-9-57	134	956	10,127	101.66
5-23-57	134	1,090	12,190	97.55
6-16-57	169	1,259	14,240	95.77
6-20-57	144	1,403	18,733	99.29
7-4-57	160	1,563	14,239	98.24
7-18-57	109	1,672	9,082	97.26
8-1-57	160	1,832	15,981	97.49
Total Claims to Date.....1,832			Total Payments to Date.....\$178,595.00	
Surgical-Medical Care				
2-8-57	77	77	\$ 7,613	\$ 98.87
2-26-57	121	198	10,668	92.33
3-12-57	140	338	11,733	88.80
3-26-57	158	469	13,055	86.84
4-9-57	174	670	12,561	83.03
4-23-57	146	816	11,002	81.66
5-7-57	178	994	12,745	79.86
5-21-57	188	1,182	14,967	79.82
6-4-57	179	1,361	15,387	80.63
6-18-57	179	1,540	13,712	80.16
7-2-57	204	1,744	15,811	79.91
7-16-57	175	1,919	14,747	80.32
7-30-57	176	2,095	14,492	80.49
Total Claims to Date.....2,095*			Total Payment to Date.....\$168,619*	

\* September 1957.

understand and appreciate when he learns that to July 1, 1957 Blue Cross has paid to hospitals a total of \$99,829,972.

It is obvious, then, that Blue Cross has met a great need in helping patients meet the cost of hospital treatment.



TABLE 4  
State Department of Health; Expenditures for Care of the Medically Indigent

Program	1937 F/Y Expenditures	1949 F/Y Expenditures	1957 F/Y Appropriations
Tuberculosis hospitals.....	\$427,270	\$1,769,608	\$ 3,907,254
Chronic disease hospitals.....	—	513,000	1,752,063
In-Patient program.....	445,000	1,599,354	3,556,247
Crippled children's services.....	39,000	109,025	320,513
Out-Patient program.....	—	81,058	211,216
Medical Care—Counties.....	—	610,000	841,149
Medical Care—City.....	—	249,857	882,616
Total.....	\$911,270	\$4,931,902	\$11,471,058

Financially Blue Cross has been quite successful and has built up a good reserve. This leads us to hope that more of the hospital-patient expense may be met in the future by Blue Cross funds.

The advantages shown by the Blue Cross Plan experience proved a stimulation to the Medical and Chirurgical Faculty to attempt to provide means whereby some professional expenses might be met by an insurance plan. Therefore, after much discussion, the Blue Shield Plan was recommended by the Medical and Chirurgical Faculty. After due consideration it was adopted and linked with the Blue Cross for administrative purposes. It was organized and established in 1949.

Its growth also was very rapid, as the figures in Table 2 indicate.

How much of the professional charges could have been paid by the patients no one can accurately state, but certainly a great burden was removed from them.

The most recent plan is known as the Medicare Program. This was undertaken with full approval of the Medical and Chirurgical Faculty. It provides medical and hospital care to dependents of military personnel in the areas in which they live.

The plan was instituted in January 1957 and the figures in Table 3 are self explanatory.

The Medicare Program represents a departure on the part of the government in that it is a government sponsored program approved by the Medical and Chirurgical Faculty and administered by Blue Shield.

Another plan initiated by the Medical and Chirurgical Faculty is for the care of the indigent and the medically indigent of Maryland (Table 4). The plans were discussed by members of the Medical and Chirurgical Faculty for a long time and finally, in 1946, a program was put into effect throughout the State to care for these two groups.

This Plan is purely a matter of service to those who need it. It is provided by hospitals and private physicians at such a low rate of compensation that I am sure that no one has any idea that the profession benefits financially from it. Doctors in Maryland simply enjoy the opportunity of providing medical care for its less fortunate citizens.

It should be a comfort to the members of the medical profession of Maryland to know that they have been among the leaders in the nation in establishing these necessary aids.

Industry, of course, is very much involved in, and interested in, insurance programs which will provide medical care for their employees. The Bethlehem Steel Company, an organization which employs thirty thousand people in Maryland, has provided its employees with an insurance program which is operated through the Blue Shield service.

Other industries also have a keen interest in this type of medical care.

The Council of the Medical and Chirurgical Faculty recently had the occasion to hear an appeal from some labor union representatives concerning a situation developing in metropolitan and in-

dustrial Baltimore. The Council authorized the appointment of a Committee to meet with representatives of the Union and it was a very informative session that we had. Much to the gratification and somewhat to the surprise of those attending the meeting, the unions made no unnecessary demands. They showed evidence that they would be happy to sit down with a group of doctors and work out plans whereby the employees of the industries they represented would obtain prompt and better medical care than they had had in the past. A Committee was appointed and has met with union representatives on several occasions.

So it is obvious that insurance in all forms is here to stay. It seems to me that if the medical profession of the State of Maryland wishes to benefit by any insurance plan that it is appropriate for the Medical and Chirurgical Faculty to take the lead in the development of these plans.

We should have a continuously active Committee ready at all times to sit down with insurance companies, labor unions, industrial management and any others who want to put on a program whereby sickness and accident coverage will be provided. If we do not participate in plans whereby workable, adequate insurance is provided then, of course, the next step is the federalization of Medicine. This calamity, we all hope to escape.

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## WHAT DOES YOUR MEDICAL SOCIETY MEAN TO YOU?<sup>1</sup>

J. SHELDON EASTLAND, M.D.<sup>2</sup>

Tonight the Medical and Chirurgical Faculty is gathered here for its One Hundred Sixtieth Annual Meeting. Surely, there must be some intrinsic value or bond holding this body together.

The achievements of this Society, the fifth oldest in the United States, are numerous and impressive. Many of you are familiar with them or have participated in the more recent accomplishments. It is a matter of history that the Society pioneered in the establishment of a medical school and produced a medical journal. However, you will agree I am sure, that we cannot rest on these laurels. In recent years there have been many noteworthy accomplishments:

<sup>1</sup> Presidential Address, presented at the One Hundred Sixtieth Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland on Thursday evening, April 17, 1958.

<sup>2</sup> President (1958) the Medical and Chirurgical Faculty of the State of Maryland.

1). The Faculty was instrumental in establishing the Blue Cross program of hospital insurance.

2). At the suggestion of the Faculty, the Maryland State Planning Commission appointed a committee to study the adequacy of medical care for the indigent and medically indigent in Maryland. As a result of this study, the Legislature established the Medical Care Program administered by the State Department of Health. Funds appropriated by the State for the purpose are used to pay physicians for the treatment of indigent and medically indigent persons. In some rural areas of this State, this program has made it economically possible for physicians to remain in practice. The result is better medical care for everyone.

3). For many years the Faculty has successfully opposed the efforts of certain groups (chiropractors, naturopaths, and others) to obtain

Legislative approval to extend their activities into the field of medical practice. This has required considerable effort before the General Assembly.

4). The Faculty cooperated with the Board of Medical Examiners in having important amendments to the Medical Practice Act passed by the General Assembly. These included the abolition of the Board of Homeopathic Medical Examiners. Also a provision was made that an Appeal could be taken from a Circuit Court to the Court of Appeals in a case of revocation of a physician's license.

5). The Faculty has consistently opposed all efforts to secure the approval of Congress for all plans which would establish or lead to any program of socialized medicine, particularly legislation which would establish national compulsory health insurance. At the present time, the Faculty is cooperating with the American Medical Association in its efforts to defeat the Forand Bill, which is designed to provide free medical and hospital care for all persons eligible for social security benefits.

6). The Faculty maintains one of the finest medical libraries in this country. The library contains approximately seventy-five thousand books and journals and is available not only to members of the Society but also to the public.

7). The work of most organizations is carried on by committees. A recitation of the accomplishments of some of the Faculty Committees will serve to emphasize their value to members.

The work of the *Tuberculosis Committee* and of the *Mental Hygiene Committee* has been helpful in the care and treatment of patients suffering from these diseases.

The monthly meetings of the *Committee on Maternal and Infant Mortality* have been helpful to physicians in their efforts to reduce the rates of maternal and infant deaths.

The *Pelvic Cancer Committee* studies the incidence of pelvic cancer in an effort to develop methods for early detection and treatment of the disease.

The *Committee on Diabetes* has for some years

conducted clinics for detection of diabetes where positive cases are referred to their physicians. In addition to the important matter of case finding, this activity has resulted in excellent public relations for the medical profession.

The *Committee on Accreditation of Hospitals* has been helpful in obtaining accreditation for a number of institutions in the State.

The *Committee on Public Medical Education* supplies speakers to various lay groups throughout the State in an effort to inform the public on matters pertaining to health and the efforts of the medical profession to reduce the incidence of disease and extend the span of life.

The *Scientific Speakers Bureau* has been helpful in supplying speakers on medical subjects to the component societies.

The *Medicolegal Committee*, which is a joint committee composed of representatives of the medical and legal professions, holds meetings and discusses matters and problems of mutual interest to the two professions. The Committee has also arranged and conducted a number of symposia on medical and legal subjects for the information and help of physicians and lawyers. Also under the auspices of this Committee, a panel of expert witnesses has been prepared which is available to the judiciary to guide the latter in their decisions on medical matters.

Another Committee whose efforts have been helpful has been established to study a fee schedule and to make recommendations to the State Industrial Accident Commission.

The *Committee on Rural Health* has recently held a very successful meeting attended not only by representatives of the county medical societies who are interested in this problem, but also by representatives of the Farm Bureau, The Maryland State Grange, the Agricultural Extension Service of the University of Maryland, and other groups interested in the problem of rural health. This meeting was attended by representatives of the Council on Rural Health of the American Medical Association.

These items although presented briefly, have

taken weeks and months of hard work by the Committees and officers of the Society.

With these accomplishments to the credit of the Society, is the medical profession responding properly? One must remember that the success of the Society in initiating or preventing the passage of legislation, benefits all physicians in the State, not just the membership of the Society. There are approximately 2,819 physicians in Maryland, of this number 2,386 belong to the Medical and Chirurgical Faculty. A further breakdown of these figures is most interesting and most disturbing. In Baltimore City there are 1,789 physicians; 1,358 of these are members. Simple subtraction proves that 404 doctors do not belong to their State Medical Society. The membership figures for the rural physicians are more impressive.

What is the reason for this amount of non-membership? Is it that they simply do not wish to belong? Does it involve membership fees or dues? I do not feel this latter is a real factor.

In the past years State and Federal legislation has been introduced, as I have cited previously, that has been vital to the medical profession as a whole. Action on the part of the Society has been most necessary and prompt. How could this have been attained without organization? Surely each physician could not, and would not, have appeared before the Legislature to voice his opinion. With the rapidly changing times many problems, both economic and professional, have arisen and will continue to arise. To act effectively, we must act as a body. I am not suggesting a union, per se. However, in 1941, the District of Columbia Court and later the Court of Appeals, ruled that the practice of medicine was, and I quote, "a trade," thereby relegating doctors to the category of "competitors in the market place." This ruling is highly important to the medical profession. Trade unions are well known organizations and we must admit that they have accomplished many, in fact a majority, of their objectives.

What does this suggest? Namely, that every practicing physician in Maryland should belong

to his local and State medical society. Possibly there should be a membership committee consisting of every member of the Medical and Chirurgical Faculty. The non-members should be contacted and shown what the Society has to offer. This cannot be accomplished in a few months. It may take years. In time, however, a physician will feel himself in disgrace if he does not belong to his local medical society.

The Medical and Chirurgical Faculty in the past year has had a complete survey by an outside group specializing in this type of work. One of its major recommendations was that we secure an Executive Secretary. That has been accomplished and tonight we have this gentleman with us, Mr. J. Sargeant. I speak of this at this time as Mr. John Sargeant has been the Executive Secretary of the Broome County Medical Society in New York State, where of the County's 292 physicians, 290 were members of their medical society. There is certainly no reason why we, here in Maryland, cannot have a proportional membership.

In closing I am going to read from the Constitution as to the *Purposes of the Society*:

"The purposes of this Faculty shall be to federate and bring into one compact organization the medical profession of the State of Maryland, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment and enforcement of just laws relating to the practice of medicine and the public health; to foster friendly intercourse among physicians; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland."<sup>3</sup>

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<sup>3</sup> Quoted from the Constitution and By-Laws of the Medical and Chirurgical Faculty, Article II.



# LECTURESHIPS\*

## PROBLEMS IN THE TREATMENT OF CANCER<sup>1</sup>

GEORGE CRILE, JR., M.D., F.A.C.S.<sup>2</sup>

Six months ago, when Dr. George Finney called me on the telephone and asked me to give this John T. Finney Lecture, I felt as though I had heard an echo from my childhood. In our home the name of Finney had been a household word, for Dr. Finney, Sr., and my father were lifelong friends, and to me there was a note of historic or perhaps genetic continuity in the circumstance that puts Dr. George Finney so high in your regard and gives me the privilege of coming before you. It is, therefore, with reverence and with pride that George and I collaborate in this echo from the halls of time.

The subject which I have chosen is one that stands on the frontier of medical knowledge where truth is not yet known. Many years ago when astronomers were confronted with similar uncertain situations, they found that it was the concept of the word "truth" that led to many of their difficulties. Controversies broke out in which realities were forgotten and arguments became ends in themselves.

Astronomers are better versed in the philosophy of mathematics than are we as physicians or surgeons, and hence they quickly were able to resolve the difficulty of dealing with the concept of truth. They concluded that truth is similar to the mathematical concept of infinity. It is something which exists but is never attain-

able. Then they were able to express truth not in terms of rightness or wrongness, but in terms of mathematical probability of greater or lesser degrees. This immediately resolved many of the emotional conflicts which had disturbed the science of astronomy.

Today in medicine the concept of truth is causing us as much difficulty as it did the astronomers of the last century. It appears that the more we know about something and the higher are the mathematical probabilities of the correctness of our concept, the less emotion is aroused by an expression of a conflicting point of view. For example, if I were to say that I have definitely proven that the injection of liver extract has no effect whatsoever on the blood of patients with pernicious anemia, it would not cause a ripple in this medical audience. Every one would know that I was wrong. But if I were to say that I have proven that one method of treatment of arthritis is much superior to another, there would be a storm of controversy. I believe the same principle applies to the current controversy in the field of cancer.

Although we know little about cancer, several facts are apparent. One of the most disheartening of these is our world-wide failure to control the age-adjusted death rate from cancer per hundred thousand people. Perhaps we have gained in a few specific types of cancer; perhaps we have lost in a few others, but by and large, in most of the major cancers, cancer of the breast is as good an example as any, the death rate remains constant. In spite of all our efforts to educate the public to seek early treatment and the profession to employ wider and more radical surgical operations; despite the availability of better radiation therapy, there has been no change in the death rate. Yet paradoxically

\* Harvey Grant Beck Memorial Lecture—Problems of Peptic Ulcer, delivered by Sara M. Jordan, M.D.—see August 1958 issue of Journal.

1. Ridgeway Trimble Fund Lecture—A Concept of the Pathogenesis of Gastric and Duodenal Ulcer, delivered by Lester R. Dragstedt, M.D., will be published in a later issue of the Journal.

<sup>2</sup> J. M. T. Finney Fund Lecture. Presented at the One Hundred Sixtieth Annual Meeting of the Medical and Surgical Faculty of the State of Maryland on April 16, 1958.

<sup>3</sup> Head of the Department of General Surgery, The Cleveland Clinic Foundation, Cleveland, Ohio.



these figures are in direct contradiction with another set of observed facts, namely that, in almost any type of cancer you wish to study, in your hospital or in my hospital, there has been a steady improvement in the cure rate of the patients treated for that type of cancer. How can it be, that with the cure rate steadily rising the death rate per hundred thousand remains the same?

A public health analogy from a different field may clarify this problem. Since about 1900, there have been fairly good records kept on the death rate from appendicitis. Between the years 1900 and 1935 (when sulfanilamide came into use) the death rate from appendicitis per 100,000 people steadily increased, then it leveled off and began to fall. Since the introduction of the antibiotics it has fallen to the lowest level in history. Introduction of a valid method of controlling infection was reflected promptly in a diminution of the death rate per 100,000.

The pertinent point in the history of appendicitis is that in all hospitals, during the period in which the general population's mortality per 100,000 from appendicitis was steadily rising, the mortality of patients treated for appendicitis was falling. The public was educated to seek earlier treatment, surgeons learned better techniques, many borderline diagnoses of mild and innocuous appendicitis were made and as a result the mortality of patients diagnosed as having appendicitis fell. Yet the population's death rate per 100,000 rose steadily until an effective medical treatment of peritonitis was discovered.

Today in the field of cancer we have much the same problem as we did in appendicitis before the discovery of the sulfonamides and antibiotics. This is steady improvement in the cure rate of cancer but no significant change in the age-adjusted death rate per 100,000 people.

It is impossible to reconcile a rising cure rate with a constant death rate unless we introduce a third factor. This is the recognition rate, and in cancer it is rising rapidly. More frequent diagnoses of cancer lead to the inclusion of many

cancers of borderline malignancy such as papillary carcinomas of the thyroid, carcinomas arising in rectal polyps, intraductal cancers of the breast, microcarcinomas of the prostate and cancers in situ of the cervix. Successful treatment of these and many other types of low-grade cancer result in an increasing cure rate but in no significant decrease in the death rate per 100,000 people. As McKinnon has said: We do not alter the death rate from cancer by curing cancers that would not have been fatal even if untreated.<sup>1</sup> Unless we have a better method of treating the fatal cancers, the death rate per 100,000 remains the same. That is our problem.

It makes little difference in the philosophy of treatment whether one clings to the conventional point of view that cancer is at first a localized disease which, with the passage of time, spreads to involve regional lymph nodes and finally spreads systemically or whether one adopts the view of biologic predeterminism which holds that it is the behavior of the cancer cell and the resistance of the host which determine the outcome.<sup>2</sup> In the philosophy of predeterminism the factor of delay in treatment is relegated to a relatively minor position. But even if we consider the spread of cancer in the light of the conventional concept, it is difficult to put as much emphasis on the factor of time as has been put in the past.

McWhirter has shown that if a cancer starts as a single cell it can be estimated that it would take 20 divisions of that cell and all its descendants to make a mass 1 mm. in diameter.<sup>3</sup> Thirty cell divisions would be required to make a mass 1 cm. in diameter—40 divisions and the tumor would weigh over a pound; 50 and it would weigh 150 pounds. The growth of cancer follows an exponential curve that at first rises very slowly and then heads skyward as the doubling goes on. If we are dealing with a tumor that grows very fast it may double its size once a month. On the other hand, a slowly growing tumor, like a scirrhous cancer of the breast may not double its size in a year. If we correlate these rates of doubling with the number of cell divi-

sions that are required to make a mass 1 cm. in diameter, it is clear that a rapidly growing tumor that doubles its size once a month, must have been present for at least 30 months before it reached the size of 1 cm. A slowly growing tumor, that doubles at the rate of once a year, must have been present for 30 years or more before it reached this size. Thus, the tiny scirrhous cancer discovered in the breast of a woman of 70 may have started growing when she was only 30 or 40 years old. Yet, from the time a tumor 1 cm. in diameter was discovered it might take less than 10 years for it to grow to weigh over a pound. In view of the long history of such a cancer and the probability that during much of its life history it was capable of metastasizing, it is small wonder that earlier treatment has done little to control the death rate from such cancers.

A cancer cell has two special characteristics. One is its ability to move like an amoeba. The other is a lack of attachment to surrounding cells. This lack of attachment is what makes possible the Papanicolaou smear for cervical cancer. Cancer cells exfoliate and they exfoliate not only externally but they creep between other cells and exfoliate internally into the blood and lymph and moving streams of body fluid. Cytological studies by Fisher and Turnbull,<sup>4</sup> also by Sandberg and Moore,<sup>5</sup> and by Engell<sup>6</sup> have shown that cancer cells are free in the blood of 40 to 78 per cent of patients with operable cancer. These cells are present in the blood of patients with small as well as with large cancers. To date at least, there seems to be little correlation between the survival of patients and the presence or absence of cancer cells in the blood. If cancer cells can be demonstrated in the blood of 78 per cent of people with cancer, how often are such cells really present? In dealing with bacteria sometimes we have to take three or four cultures of the blood before we get growth of bacteria even when we know there is a septicemia. It is therefore not surprising that we often fail to find cancer cells by our crude cytologic technics.

If we can find cancer cells in as high as 78 per cent of all cases, probably all true cancers at some time in their development and perhaps long before they become recognizable cancers, have entered the blood stream and disseminated the cells widely throughout the body. Probably the fate of the individual does not depend entirely on how extensively the tumor cells are disseminated or how early, or how widely the tumor is excised. It depends more upon whether or not the cells of that particular tumor are able to implant themselves and grow in spots remote from their point of origin.

Recently the problem has become even more complicated because experiments reported from the National Cancer Institute, and also from Warren Cole's Laboratory and from George Moore's Laboratory, all pending publication, suggest that under certain circumstances operations may favor the growth of metastases in animals. A cancer developed in an inbred strain of mice was transplanted to the legs of other mice. After the tumors had had a good start, each animal of one group was treated by high amputation of the cancer-bearing leg. The animals of the other group were left untreated as controls. Later both groups were sacrificed. Amputation of the limbs that bore the grafted tumors resulted in an increase in the number or size or both number and size of the pulmonary metastases as compared with those observed in the untreated animals.

In another series of experiments, Moore injected a measured number of cancer cells into the veins of rats and found that a certain proportion of the animals developed pulmonary metastasis. But when the animals were subjected to nonspecific laparotomies, at the same time as the cells were injected, the incidence of pulmonary metastases was much increased. In this type of cancer it appeared that a non-specific operation increased the number of metastases in the lungs.

These experiments are similar, in some respects, to those done over forty years ago by Jones and Rous<sup>7</sup> who injected the peritoneal

cavities of animals with an emulsion of cancer cells. In the intact peritoneum there was a natural resistance to the cancer and the cells did not grow. But when a week before the cancer cells were injected, a little glass rod was put in the abdominal cavity, cancer always developed exactly at the site of the glass rod. When a silicate powder was put in the abdominal cavity, carcinomatosis ensued. Local trauma predisposed to the implantation of cancer.

There are many factors that are known to influence the spread of cancer and no doubt many are still undiscovered. We do not even know what effect lymph nodes have in preventing the spread of cancer. We do not know whether lymph nodes, if involved by cancer, are a source of further dissemination or whether these lymph nodes are acting as natural barriers to the spread of cancer. We do not know whether lymph nodes are an important part of the patient's immunological defense against the spread of cancer. Zeidman and Buss<sup>8</sup> have shown that in the chicken, which has a single, large popliteal lymphatic which drains through a single popliteal node, injection of cancer cells into the lymphatic results in the filtration of almost all of the cells by the lymph node. Although cancer develops in the popliteal node, systemic metastasis rarely ensues and the cancer remains localized for long periods of time without the cancer showing much tendency to spread further. Many of our clinical conclusions regarding cancer may have to be revised in the light of such studies.

In view of these uncertainties I believe we should study carefully the suggestion that the results following simple mastectomy for cancer of the breast are better than those of the conventional, radical mastectomy. I am not implying that such is the case, but I think it behooves us to study the results of simple mastectomy and compare them with those of the more radical operation. Perhaps there are some cancers of the breast which are similar to the cancers in the animals to which I have referred and tend to be disseminated by radical operations.

I do not think we can take lightly the work of McWhirter, which, in this country is so widely interpreted as meaning that x-ray therapy is as good as surgery in the treatment of cancer of the breast. McWhirter<sup>9</sup> has never said this at all. The thesis of his work is that, in his experience, not dissecting the axilla gave a significant increase in the five-year survival rate. In McWhirter's hands when patients were subjected to radical mastectomies and to simple mastectomies, and both groups were treated by x-ray, a greater proportion of the patients treated by the lesser operation survived. The same result has been reported by Williams et al.<sup>10</sup> from St. Bartholomew Hospital where for many years, one of the surgeons had treated cancers of the breast by local excision, by simple mastectomy, or by implantation of radium needles into the tumor. Occasionally he excised an axillary node or put radium needles into one, but he used no diffuse radiation, and no radical surgery. Yet, his survival rate was a little higher than that of his colleagues who did radical mastectomies.

There is much in the literature along this same line. Haagensen,<sup>11</sup> a staunch advocate of radical mastectomy has set increasingly rigorous standards for the type of cancer that should be treated by radical mastectomy. He presents strong evidence that, in poorly selected cases, radical mastectomy may be dangerous and may disseminate the disease.

The greatest problem in evaluating the results of treatment of cancer of the breast is in defining the groups that are being compared. Private clinics always have higher survival rates than do municipal institutions, because in the public institutions there is a higher proportion of patients with advanced disease. Yet, in most large series of cases, the survival ratio of operable patients is similar. For example, Berkson et al. reported that between the years 1941 and 1947 the survival rate of all patients operated upon at the Mayo Clinic, chiefly by radical mastectomy, was 59.3 per cent.<sup>12</sup> In the same period in McWhirter's series the survival rate of all pa-

tients classified as being operable (by radical mastectomy) was 58 per cent—but most of these patients were treated by simple mastectomy and irradiation. In the same category the survival rate of McWhirter's patients under 65 years of age was 60 per cent as compared to 58.9 per cent for the Mayo Clinic.<sup>9</sup> Probably the method of treatment has little to do with the five-year survival of patients with cancer of the breast, provided that the local tumor in the breast is eradicated. Death in this disease comes from distant metastasis and in most cases the factors that govern distant spread appear to be beyond the control of either the surgeon or the radiologist. If this is true we must take a second look at the morbidity that some of our treatments produce.

Until we know more about the factors that control the spread of cancer, we cannot generalize about the subject of cancer. There is at present no scientific basis upon which any one is justified in advocating simple mastectomy, radical mastectomy, ultra radical mastectomy, or irradiation therapy as the single or even the chief method of treatment for cancer of the breast. There may be a place for all of these types of treatment, for just as there are three types of cancer of the skin (basal cell, squamous cell, and melanoma), so there may be at least three biologic types of cancer of the breast. If so, each deserves its own treatment. The challenge to the surgeon is to try to find a way to distinguish each of these biologic types from the others. Individualization deserves more emphasis than it has been given in our cancer clinics in recent years.

Our tendency to overgeneralize about cancer reminds me of the Polynesians who live under the cocoanut palms; yet, oddly have no name for a "cocoanut." Instead they have three names for cocoanuts. They have a name for the immature cocoanut which gives the milk, another for the

half-ripe cocoanut that gives the jelly, and a third name for the ripe cocoanut that gives the meat. But you can't ask for "a cocoanut" in the South Pacific. It is too general a term. Perhaps "cancer" is too general a term for us.

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## SPECIAL ARTICLE

### WORLD MEDICAL ASSOCIATION AS A FORCE FOR FREEDOM IN MEDICINE

LOUIS H. BAUER, M.D.<sup>2</sup>

DR. EASTLAND: Our Speaker represents the World Medical Association. I am going to ask Dr. Amos Koontz to introduce him.

DR. KOONTZ: Mr. President and Members of the House of Delegates: The World Medical Association is not as well known as it should be. I've had a couple of articles in the Maryland State Medical Journal about it, which I hope you have read. I'll say briefly that the World Medical Association is the only international organization that represents the private practice of medicine, that stands for the dignity and freedom of the individual, and that stands for private enterprise. A lot of other organizations stand for Socialism. Dr. Bauer is the Secretary General of the World Medical Association, a former president of the American Medical Association, and needs no other introduction. Most of you, I am sure, have heard him many times before.

DR. BAUER: Thank you, Dr. Koontz. Mr. President, Members of the House of Delegates, I am very glad to have the opportunity today of telling you a little about the World Medical Association. Perhaps the first thing I had better do is to distinguish it from the World Health Organization because I find a tremendous amount of confusion everywhere I go. I've even been on a program as Secretary-General of the World Medical Association and then been introduced by the presiding officer as Secretary-General of the World Health Organization. The World Health Organization is a branch of the United Nations. It represents governments in medicine. It is supported entirely by government funds, and, naturally, has government philosophy.

The World Medical Association, on the other hand, is an organization of national medical associations and represents the practicing physician. It is supported only by dues and contributions and it has the philosophy of the freedom of the practice of medicine. You see, they are quite different organizations. I have often used the following as an analogy, and I think it is a very good one. There is the same difference on the international level between the World Medical Association and the World

Health Organization that there is on the national level between the American Medical Association and the United States Public Health Service.

The World Medical Association was born in September 1947. It developed out of many discussions which were held in London during the war, among doctors from various countries who were stationed there. They felt that if they could have an international organization to discuss problems of mutual interest, it would be very helpful. They found that they seemed to have pretty much the same problems no matter what part of the world they came from, and also that they seemed to think pretty much alike about how they should be solved. Consequently, in April 1947, Dr. Elmer Henderson and I, who were both of us at that time on the Board of Trustees of the American Medical Association, were sent to London to see whether the A.M.A. should become part of this organization or not.

We came back feeling that this could be a very powerful and influential organization but it would never get to first base if the headquarters were placed in Europe under the conditions existing at that time, and that it would also need some money which it would never get through the organizations existing right after the war. So we recommended the formation of a United States Committee, said we would support certain activities of the World Medical Association provided they would put the headquarters in this

<sup>1</sup> Presented before the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland at the One Hundred Sixtieth Annual Meeting on April 16, 1958.

<sup>2</sup> Secretary General, World Medical Association.



country—we said North America, we didn't care particularly whether in this country or Canada, but we wanted it on this side of the water, not only because of the various restrictions which were in vogue at that time following the war, but also because of the economic situation as to frozen currencies. The proposition was accepted.

The organization started rather weakly and for a while, it was doubtful whether or not it would ever be a very powerful organization. At the first meeting, there seemed to be an atmosphere of suspicion and distrust among the representatives of the various countries, which perhaps is not surprising when you consider they had been living in that atmosphere for a good many years. However, I am glad to say that has entirely disappeared and I believe that the World Medical Association has done more to create good international relations than some of our diplomatic services.

I have often said that I think doctors should be in the diplomatic service, because after all nearly every person goes through some doctor's office sooner or later. If you take the individual doctor as representing all of the doctors in the country, he sees a large part of the population. Therefore, he has a tremendous influence for good in making people understand the viewpoints of others.

One of the things in which we are particularly interested is medical education. We made some surveys on that which were very instructive. We felt that we should have a World Conference on Medical Education, and that we were the ones to do it, because if we had not, someone else would have. There had been regional conferences on medical education before, but never a world conference, so we put one on, in 1953, in London. It was highly successful.

The program was devoted to problems of undergraduate medical education. It was so successful that we were asked to put on a second one, this time dealing with postgraduate education. That will take place, in Chicago, August 30 to September 4, 1959. The program is already

very much under way and will be devoted to four different sections—one, the Historical Development of Clinical Experience before Graduation, to tie graduate and undergraduate education together; two, Advanced Education for General Practice and Specialty Practice; three, the Development of Teachers and Investigators, and; four, Continuing Medical Education. All of you will agree that medicine is a lifelong study. Those of you of my vintage, and even those considerably younger, will agree that if now you knew only what you knew when you graduated from medical school, you wouldn't be fit to practice medicine today because it has changed so much. Medical education has, therefore, been one of our important projects.

We have two other projects under way at the present time, which I will mention briefly. One is a Central Repository for Medical Credentials. The Student American Medical Association brought to our attention the need for such a repository and asked us to do something about it. You know that following the last World War, hundreds of physicians lost everything they owned, including their medical credentials. The same thing occurred about two years ago during the Hungarian episode. Then physicians simply walked out of their offices just ahead of the police and had nothing but the clothes on their backs—no way whatever of proving that they ever attended medical school or had any qualification for the practice of medicine. Many of these doctors are now working in laboratories as research assistants, some of them as male nurses, and some of them as laborers because they have no way of proving that they had any medical training. So we have decided to set up a central repository for medical credentials in which an individual may deposit certified copies of his credentials, which would be acceptable in this country. On proper identification he could obtain them later on, if he wished to do so.

I think everyone is agreed that if we have another war, the first place to be hit will be the United States. I know the military in this country feel that way and I think the Russians

have openly stated that the next war will be fought in the United States. So, we are faced with a problem with which heretofore we have not had to contend because wars have been fought on the other side of the world. If there is another, it will probably be fought here. But aside from war, there are other disasters which could cause a doctor to lose everything. We hope to get this project off the ground at the time of the A.M.A. meeting in San Francisco in June.

Another project which we have under way is the establishment of a special emblem, with regulations governing its use, for doctors and medical units engaged in Civilian Defense. Almost everyone says "Why not use the Red Cross?" The average person does not know that the Red Cross cannot be used for Civil Defense. The Red Cross protects only personnel and units attached to the armed forces. It does not protect civilian hospitals; it does not protect the doctor taking care of those wounded by bombing, if they are civilians. The Red Cross flag may only be used by units attached to the armed forces. So with the Red Cross, and the Committee on Military Medicine and Pharmacy, and the World Medical Association, we have devised another emblem, which we are trying to get accepted internationally. It has already been accepted by the three organizations. The Red Cross is working through its national organizations and we are working through our national medical associations to have it accepted and referred to governments. I'll show you what it looks like. (*displays emblem*) I hope in the course of the next two or three years we shall be able to have it recognized internationally, just as the Red Cross is now recognized internationally for the armed forces.

Now, coming to a matter about which Dr. Koontz was particularly anxious for me to talk, that is, The World Medical Association as a Force for Freedom in Medicine. There are some two thousand international organizations, and most of them head up in Geneva, Switzerland. There are any number of them that deal with

medical bodies, and all of these are governmental in origin and governmental in philosophy.

There are more and more problems being discussed, and even decided on, on the international level pertaining to medicine and unless there is somebody to speak for the practicing physician, he doesn't have a chance to say a word. These international groups won't listen to a national organization, and so The World Medical Association has become recognized as the international voice of the practicing physician because it is the only organization which does represent the physician in the practice of medicine.

The unit of membership in The World Medical Association is the national medical association of the country which is the most representative of the profession in that country. There is only one member per country and the American member is the American Medical Association. We now have 53 nations within the fold, all of them from the free world. We have none from behind the "iron curtain." There are two reasons for that. One is that they don't have national medical associations behind the "iron curtain" anyway, so they would not be eligible. The second is that if they did get in, they'd either want to run it or ruin it, so we are not particularly anxious to have them.

Early in the game we adopted twelve principles which were to pertain to medical care in case medical care were delivered under Social Security. The twelve principles were argued over for about a day and a half. The arguments were almost all over language. As soon as the language difficulties were cleared up—although there were 31 nations present—they were adopted unanimously. I think this is evidence that doctors, no matter where they come from think pretty much the same about problems. Doctors from countries that have a certain amount of socialized medicine, and who have medical care delivered under social security, are very insistent that there should be no interference with the freedom of doctors to practice medicine as they

see fit. They also insist on the freedom of the patient to choose his doctor.

I haven't time to read those principles, but I can assure you they could very well have been written at 535 North Dearborn Street and you wouldn't object to any of them. Among some of the principles, are the freedom of the patient to choose the doctor in whom he has confidence; freedom of the doctor to conduct treatment of his patients without any interference; freedom of the doctor from supervision by laymen; freedom of the doctor to choose his patients except in an emergency; and freedom of the doctor to choose the place and the field of his medical practice. That may sound peculiar, but there are two organizations on the international level who are most decidedly anti-medical profession. One is the International Labor Organization. The other is the International Social Security Association, which is an off-shoot of the I.L.O. They are bound and determined they are going to socialize medicine. The I.L.O., wants to socialize everything, but the I.S.S.A. is concerned particularly with medical care under social security and with the principles which they adopted. They openly state they don't think the doctor should have a right to practice where he wants, but that he should be sent, where he is most needed. In other words, they would take away the entire freedom of the doctor to decide for himself where he will live and whether he will do pediatrics or internal medicine or general practice. They try to belittle the general practitioner and they want to make, and are aiming definitely at making, doctors full time salaried servants of government.

The World Medical Association naturally has been battling this for years. When the I.S.S.A. adopted these conclusions, they asked us to comment on them. We said we wouldn't comment until they explained what they meant because there was double talk in most of them and no one could tell what they meant. After three years they finally agreed to explain them. They explained half very indefinitely and then said they'd have to have the questions in writing

and would deliver the answers in writing. That was in 1955. We haven't gotten the answers yet, although I understand they are about ready to send them to us.

Another thing they wish to do is to modify medical education and provide for medical social training of the doctor. Now on the surface, that doesn't sound too bad because a doctor does have to consider the environment of his patients, their economic situation, their housing, their clothing, food, etc., but the I.S.S.A.'s attitude is that they must get into the medical schools and teach the youngsters their philosophy and have them adopt it, because they feel they can't do anything with the older doctors. They think that if they can catch them when they are young, they can indoctrinate them with their socialistic philosophy. That is another thing we have been fighting.

There have been several countries that have appealed to us for help on the international level—Japan, Thailand, India, Belgium, Malta, France, etc.,—where government is trying to put its foot on the medical profession even more heavily than they have it now. In India, the I.L.O. went over and told them what medical care they should adopt. The Indian Medical Association didn't react very kindly to it. They fought it and asked us for some help. In Japan they want to put in a system which would degrade the doctor and make him hardly able to earn his living. The Japanese doctors appealed to us for help. Thailand, also, asked for advice. You may have read a couple of years ago about the doctors going on strike in Austria. Well, they didn't strike at all—that's what the newspapers said. They simply announced that one weekend they would not attend any of the clinics; they would see that everybody had medical care. They said as a matter of fact there were more doctors on duty that weekend than an ordinary weekend and they got the support of the public in their fight against the government that wanted to take them over hook, line and sinker. The result was the government backed down.

In Belgium much the same thing occurred. The government decided they were going to adopt a new system of medical care and the doctors would just have to go along with it. The doctors got up on their hind legs and refused to go along. Finally they decided they would talk to the doctors and they would not do anything without consulting them. They broke their promise and sent a Bill to Parliament and the profession went to the Supreme Court of Belgium and got a ruling in their favor and they told the government to go fly a kite, that they would deliver medical care but they would do it on their terms, not on government terms, so the government had to back down.

I don't want to take any more time to tell you all these things because they are occurring all over the world and everywhere that the doctors have stood together they have won. It is when they broke up into separate groups and tried to negotiate independently that they fell apart. That is what happened in England. The profession didn't stand together. It started negotiating in separate groups and the result was that nobody was satisfied.

I am going to read to you something which I believe should convince you that The World Medical Association is on your side of the fence. These are two statements adopted by the World Medical Association:

"The World Medical Association having examined certain aspects of Social Security Systems existing in the different countries, and considering that the costs are rising and becoming prohibitive, and considering further that these increases in part are due to non-medical causes, expresses to the organizations active in Social Security its willingness to investigate the possibilities of diminishing the expense without lowering the level of medical care. The World Medical Association desires to see this problem solved and draws attention to the fact that one important cause is in the psychological aspect. The Association asks the authorities to investigate this subject with the collaboration of the medical profession. The Association recommends that all countries having Social Security schemes be advised to examine this subject very carefully in the light of the experience of other countries. The General Assembly of the World Medical Association will not recognize any Social Security

scheme in regard to its medical aspects, which has not previously been recognized by the medical association of the country in question."

The association further declares that:

"The individual is responsible for his own health and that of his family. The State is responsible for protecting the interests of its citizens, not for controlling their lives. If citizens need help, the State should provide it, but not crush them with it. If medical service is standardized, nationalized and impersonalized, the people are deprived of their essential responsibilities as citizens; they cease to be active, intelligent and progressive people and become a mob of individual units."

I believe your organization would subscribe to those principles, and they cite the philosophy of the World Medical Association better than almost anything else I could read to you as to its insistence on the freedom of the practice of medicine.

To fight on the international level, of course, we need funds. Every member association of the World Medical Association pays dues. The dues are low, they have to be because some countries still are impoverished. That applies particularly to the under-developed countries, countries which have just gotten started, like India, Pakistan, Indonesia, etc., and the countries recovering from the war like Austria, Japan, etc. In addition to that we have developed supporting committees in various areas of the world. The first one was the United States Committee.

I told you that when we went to Europe in 1947, we decided we would develop certain funds to help support the organization provided they would put the headquarters in this country. So we took on the responsibility of supporting the headquarters and the publication of The World Medical Journal, which is a tri-lingual journal and is edited by Dr. Austin Smith, who also edits the Journal of the A.M.A., as you know.

The U. S. Committee was incorporated as a non-profit organization and in it there are both corporate and individual memberships. Individual members have all the privileges of direct membership except that they can't vote in the General Assembly. That is restricted to the



official delegates of the member associations, but they receive the publications and they can attend the General Assembly as official observers of the U. S. Committee. Incidentally quite a large number of Americans do. There have been an increasing number every year. There were 138 who went to our General Assembly in Istanbul last year. You may say, "What does this mean to me, why should I bother with it?"

Well gentlemen, what goes on in Europe or Asia, affects us sooner or later here. If these people go down in their fight to maintain their freedom, it won't be long before we also succumb. I say there is more danger of the socialization of medicine in this country today than there has been at any time in the last ten years, and part of it comes from the international level, such as the I.L.O., and the International Social Security Association which we are trying to battle and whose ideas we wish to keep out of this country. So your support of the U. S. Committee lends indirect support to the principles for which the World Medical Association stands.

I quoted this to the Woman's Auxiliary this morning. I remember a few years ago we had a meeting in Spain, of the Council of the World Medical Association, and the man who was then Chairman of the Board of Trustees, and the man who was President of the A.M.A. were both there. They were requested by cable, to come home. That was when the Bill for the socialization of medicine went into Congress. So they left the meeting and a Frenchman (who speaks no English) came to me and said: "I heard they have had to go home." I said, "Yes they have." He said: "Well, I'm sorry to hear that they had to go, in one way, and on the other hand I'm glad, because if you people go down over there, there isn't the slightest hope for us, but if you

can keep your heads above water, then maybe we can get back some of the things we have lost over here." I found that is the general attitude. They look to us for leadership.

We read in the papers about anti-Americanism among many countries abroad, but we found none among the medical profession. They look to the United States. Gradually, other associations have been picking up the checks for the expenses of the World Medical Association, and although the amount of money we need is just as great, the total amount the United States now spends is far less than formerly. When we started, we were contributing practically the entire cost of the organization. Now we are contributing less than half and each year the sum is going down. They have raised their dues several times and many of the things we used to pay for in this country, they now pay for themselves. Eventually, I think, we will be paying only our proper share. It is to our interest, purely from a selfish standpoint, to see that this organization doesn't go down the drain because otherwise there is nobody to stand between us and the organizations that are striving to take over medicine hook, line and sinker and make every one of you a salaried servant of the government. This is one of the World Medical Association's twelve principles. "It is not in the interest of good medical care that doctors should be full time salaried servants of government or of social security bodies."

So, Gentlemen, that is the philosophy of the World Medical Association. I hope that I have distinguished it from other organizations, and that you will feel that something is being accomplished which is in your interest.

*10 Columbus Circle*

*New York 19, New York*



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# Business Sessions

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## SEMIANNUAL MEETING

Friday, September 20, 1957

House of Delegates

BEACH LOUNGE, COMMANDER HOTEL

OCEAN CITY, WORCESTER COUNTY, MARYLAND

### MINUTES OF THE 223rd MEETING<sup>1</sup>

Friday, September 20, 1957

The 223rd meeting of the House of Delegates was called to order by the President, Dr. C. Reid Edwards, at 10:00 a.m. on Friday, September 20, 1957, in the Social Room,<sup>2</sup> Commander Hotel, Ocean City, Worcester County, Maryland.

The following delegates registered: Drs. Robert C. Abrams, Baltimore City; Ruth Baldwin, Baltimore City; John G. Ball, Montgomery County; Helen Bowie, Baltimore City; M. McKendree Boyer, Montgomery County; Leo Brady, Council; Carlton Brinsfield, Allegany-Garrett Counties; Howard M. Bubert, Council; Walter B. Buck, Baltimore City; Albert E. Bunker, Dorchester County; Robert v.L. Campbell, Council; Osborne D. Christensen, Wicomico County; Thomas A. Christensen, Council; Ernest I. Cornbrooks, Jr., Baltimore City; George C. Coulbourn, Somerset County; Leslie E. Daugherty, Council; Melvin B. Davis, Baltimore County; Everett S. Diggs, Secretary; E. W. Ditto, Jr., Council; D. McClelland Dixon, Baltimore City; J. Sheldon Eastland, President-Elect; Edward J. Edelen, Charles County; C. Reid Edwards, President; Robert W. Farr, Kent County; Warfield M. Firor, Council; Witmer B. Firor, Council; William E. Gilmore, Baltimore City; Seymour Goldgraben, Cecil County; Albert E. Goldstein, Council; William E. Grose, Baltimore City; William B. Hagan, Prince George's County; Robert A. Hare, Montgomery County; Thurston Harrison, Talbot County; Ralph G. Hills, Council; J. Ralph Horkey, Harford County; John H. Hornbaker (appointed by Wash. Co. Med. Soc. to substitute for Dr. Layman, Delegate, and Dr. Dobbie, Alternate); Clewell Howell, Council; R. Donald Jandorf, Baltimore City; Page C. Jett, Calvert County; Robert W. Johnson, III, Baltimore City;

George A. Knipp, Baltimore City; C. Rodney Layton, Queen Anne's County; Franklin E. Leslie, Baltimore City; Robert C. LaMar, Worcester County; John G. Lyons, Anne Arundel County; William D. Lynn, Baltimore City; H. J. L. Marriott, Baltimore City; Howard B. Mays, Baltimore City; James N. McCosh, Baltimore City; R. S. McVaugh, Carroll County; Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's County; Nathan E. Needle, Baltimore City; Charles F. O'Donnell, Baltimore County; Ernest F. Poole (appointed by the Wash. Co. Med. Soc. to substitute for Dr. LeVan, Delegate, and Dr. Moran, Alternate); S. T. R. Revell, Jr., Baltimore City; John Robben, Montgomery County; Raymond C. V. Robinson, Baltimore City; Austin B. Rohrbaugh, Montgomery County; Norman E. Sartorius, Jr., Council; Louis R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Martin L. Singewald, Baltimore City; Edward Stinson, Jr., Baltimore City; Douglas H. Stone, Baltimore City; Martin E. Strobel, Baltimore County; J. Frank Supplee, III, Baltimore City; Richard Nelson Tillman, Baltimore City; William H. F. Warthen, Immediate Past-President; Robert Wright, Caroline County; George H. Yeager, Council.

The President, Dr. Edwards, called to the attention of the delegates the announcements listed on the agenda and requested that they comply with the requests to register, to wear the large badge, state name and component society when addressing the House, and submit in writing motions, recommendations and resolutions.

### ADOPTION OF MINUTES

The minutes of the May 1 and May 3, 1957, meetings had been mailed to the members of the House of Delegates and to the Presidents and Secretaries of the Component Medical Societies.

*Correction in Minutes* (House of Delegates Minutes of Friday, May 3, 1957).

Dr. M. McKendree Boyer of Montgomery County, and a member of the Committee to Investigate Group Insurance on a State-Wide Basis, asked that the minutes (Friday, May 3, 1957, next to last paragraph and in September 1957

<sup>1</sup> Key for minutes: "Caps" for recommendations and resolutions that are adopted. "Caps" and "small caps" for recommendations that are *not* adopted. "Italics" for motions which are adopted.

<sup>2</sup> The first part of this meeting, due to an emergency, was held in the Social Room, but the latter part of the meeting took place in the Beach Lounge.

Maryland State Medical Journal, Vol. 6, No. 9, page 534) be amended to read as follows: Dr. Boyer pointed out that for the members of the Society to obtain the benefits of some types of group insurance, the Faculty would have to collect the premiums and forward them to the insurance companies. If the Faculty can assume this extra work, the Committee can proceed with the investigation of other phases of the problems. This applies only to group life insurance or term insurance and not to health or accident, malpractice insurance, or the insurance package deal plan which were also discussed.

#### ADOPTION OF MINUTES

*Dr. Brady moved that the minutes with the recommended change be adopted, and this was duly seconded and carried.*

#### REPORT OF THE TREASURER, DR. WETHERBEE FORT (Page 485.)

As Dr. Fort was not able to be present due to enforced hospitalization, his report was distributed to the House of Delegates and read by the Secretary.

*Motion Adopted.*

*On motion of Dr. Goldstein, seconded by Dr. Firor, the report of Dr. Fort was accepted.*

#### REPORT OF THE PLANNING COMMITTEE. DR. WARFIELD M. FIROR (Page 488.)

a. Committee on Industrial Health.

Dr. Firor reported that this Committee had been recommended for discharge by the Planning Committee, but at the May 1957 meeting of the House of Delegates the Committee on Industrial Health was confused with the Advisory Committee to the State Accident Fund, and this Committee was continued. The Planning Committee reconsidered this, and the Council concurred in its decision that this Committee should be discontinued.

The letter requesting continuation of the Committee which had been received from Dr. N. B. Herman, the Chairman of the Committee, was read by the Secretary.

*Motion. Seconded.*

*Dr. Firor moved that the Committee on Industrial Health be discontinued. Seconded and carried.*

b. Method of Selecting Membership of Committee To Recommend an Executive Secretary.

Dr. Firor reported that the House of Delegates had authorized that the Committee to choose an Executive Secretary be composed of members of the Council. The Council approved the recommendation of the Executive Committee that a more satisfactory Committee would be composed of the Executive Committee and representatives from the Western Shore, the Eastern Shore, Southern Maryland and the four largest component medical societies—Montgomery, Prince George's and Baltimore Counties, and Baltimore City.

The following members are on this Committee: Eastern Shore, Dr. Thurston Harrison; Western Shore, Dr. A. Austin Pearre; Southern Maryland, Dr. Hugh Ward; Baltimore City, Dr. John N. Classen; Baltimore County, Dr. William A. Pillsbury, Jr.; Prince George's County, Dr. Waldo B. Moyers, *Chairman*; Montgomery County, Dr. Merrill M. Cross. Executive Committee: Dr. Warde B. Allan, Baltimore;

Dr. Everett S. Diggs, Baltimore; Dr. C. Reid Edwards, Baltimore; Dr. Warfield M. Firor, Baltimore; Dr. Wetherbee Fort, Baltimore.

*Motion. Adopted.*

*Dr. Warfield M. Firor moved that the House of Delegates confirm the action of the Council and Executive Committee in the appointment of the Committee to Recommend an Executive Secretary. Seconded by Dr. W. B. Firor and carried.*

c. Committee on Geriatrics.

This Committee had been discontinued by action of the House of Delegates in May 1957 as a result of the recommendation of the Planning Committee. The Chairman of the Committee on Geriatrics had requested that the Committee on Geriatrics be restored to the State level.

*Motion. Adopted.*

*Dr. Goldstein moved that the Geriatrics Committee be reactivated on a State-wide basis. Seconded by Dr. Sartorius and carried.*

#### APPOINTMENT OF COMMITTEE TO MAKE RECOMMENDATION FOR SUITABLE MEMORIAL FOR DR. CHARLES R. AUSTRIAN

Dr. Firor stated that at the April, 1957, meeting, this body authorized the Council to select a suitable memorial to the memory of Dr. Austrian. The Council recommends to the House of Delegates that a Committee be appointed to solicit a fund and that this Committee make recommendation of a suitable memorial for Dr. C. R. Austrian.

*Motion. Adopted.*

*On motion, duly seconded and carried, the Council was authorized to appoint such a Committee.*

#### PRELIMINARY REPORT FOR THE COMMITTEE TO ARRANGE FOR A MANAGEMENT SURVEY OF THE FACULTY AND RECOMMEND AN EXECUTIVE SECRETARY. (Page 488.)

Dr. Edwards announced that by authority of the House of Delegates a Committee has been appointed to study the field and recommend an Executive Secretary for the Faculty. Dr. Waldo B. Moyers, the Chairman, and his Committee have done a tremendous amount of work since the meeting of this body in May 1957.

Dr. Moyers reported that in accordance with the authorization of the Council to employ Rogers, Slade and Hill, of New York, to make a preliminary management survey of the Faculty and in consultation with Mr. R. C. Edlund who conducted the survey, arrangements were made for Mr. Edlund to interview 41 members of the Faculty from all parts of the State and 13 employees of the organization. Mr. Edlund subsequently submitted a verbal report to the Committee, which report and attendant discussion was recorded in detail, and has been transcribed and sent to the members of the Committee.

Another meeting of the Committee has been planned for October 24th at which time the 38 recommendations made by Mr. Edlund will be considered. The report with appropriate comments by the Committee will then be sent to the Planning Committee for its consideration and action. It is hoped the Planning Committee will then forward the report to the Council for transmittal to the House of Delegates at a special

meeting to be held in Baltimore during the winter. It was agreed that in the matter of time it would be desirable not to sacrifice thoroughness for an early accomplishment of the activities recommended in the report. The Council thanked Dr. Moyers and his Committee for their constructive work.

Dr. Edwards thanked Dr. Moyers and summarized the plan of this Committee as follows: The Committee will further study the report of Mr. Edlund, will submit its report to the Planning Committee, who in turn will make recommendations to the Council, and then there may be a special meeting of the House of Delegates early in January.

*Motion. Adopted.*

*On motion, seconded by Dr. Robinson and carried the report of Dr. Moyers was accepted.*

The House of Delegates due to the emergency in Hotel facilities met in the Social Room, but at the request of the President adjourned for ten minutes and reconvened in the Beach Lounge where the meeting of the House of Delegates was originally scheduled.

#### REPORT ON NEW BUILDING

Dr. Goldstein outlined the activities of the Building Committee since its inception in 1949 and Dr. O'Donnell elaborated on the report particularly in relation to the past year.

Dr. Goldstein and Dr. O'Donnell emphasized that nothing can be done until a decision is reached and a directive is given by the House of Delegates to the Committee as to the type of building, the amount of money to be spent and the location of the Faculty Building. Dr. Graham had recommended that the Faculty move to Area 12. Dr. Goldstein explained that there are three suggestions:

1. Remodel 1211 Cathedral Street.
2. There is to be a new medical building in Area 12 and it has been suggested that the Faculty may have partial ownership and have space in this building.
3. Faculty to buy land in Area 12 and erect own building in which it may rent space to others, for instance Blue Shield-Blue Cross.

*Recommendation. Adopted.*

Dr. O'Donnell submitted the following: THE NEW BUILDING COMMITTEE RECOMMENDS A MOTION AS FOLLOWS: THAT THE NEW BUILDING COMMITTEE BRING TO THE HOUSE OF DELEGATES, AT THE NEXT MEETING, THE FIGURES OF THE ACTUAL COST OF BUILDING A NEW BUILDING, THIS BUILDING TO HOUSE THE OFFICES OF THE MEDICAL AND CHIRURGICAL FACULTY WITH ENOUGH EXCESS SPACE AVAILABLE TO RENT TO OUR OWN MEMBERS AND ORGANIZATIONS ALLIED WITH OUR PROFESSION. THE MEDICAL AND CHIRURGICAL FACULTY IS TO CARRY THE RUNNING COSTS AND RETIRE THE MORTGAGE IN TWENTY YEARS WITH THE PROFIT FROM THIS RENTED SPACE.

BE IT FURTHER RECOMMENDED THAT IMMEDIATE PERMISSION BE GRANTED TO APPLY FOR, BUT NOT PURCHASE, LAND IN AREA 12.

*Action. Motion adopted.*

*On motion, duly seconded and carried, this recommendation was adopted.*

#### WORLD MEDICAL ASSOCIATION

Dr. A. R. Koontz\* made the following plea that the members of the Medical and Chirurgical Faculty join the World Medical Association:

*Mr. President and Members of the House of Delegates:* Last June the House of Delegates of the American Medical Association passed a resolution urging all members of the A.M.A. to become members of the World Medical Association. Several times before this body had passed similar resolutions. Recently the Council of the Medical and Chirurgical Faculty passed a resolution urging all members of the Faculty to join the W.M.A. and urging the officers of the component societies to conduct a campaign to get their members to join the W.M.A.

Why have these two sensible hardheaded national and state medical societies taken this action? The answer is not far to seek. The reason is that the W.M.A. stands for things in which we all believe and which we all should support. Yet it is as lamentable as it is amazing that a large proportion of doctors know nothing at all about the W.M.A. In brief, it may be stated that the W.M.A. is the only international medical organization that stands for the principle of private practice, the continuation of private enterprise, and the dignity of the individual.

The W.M.A. is the only organization through which American doctors may make contacts with such international organizations as the World Health Organization of the United Nations, the International Labor Organization, the International Social Security Association, and the International Committee of the Red Cross. Why is it important to maintain contacts with these organizations? Because with the modern worldwide socialistic trend, some of these organizations are imbued with socialism and at least one is completely socialistic, namely the I.L.O. The I.L.O. has repeatedly tried to force socialized medicine on the entire world by international agreement. During Roosevelt's administration we joined the I.L.O. Why I do not know. The mandates of the I.L.O. are supposed to be binding on us but they do not actually become law without a treaty agreement. The I.L.O. has repeatedly passed "conventions" saying that all the member nations shall adopt socialized medicine. Of course those conventions are not binding upon us unless we sign a treaty to that effect. So far this has not been done, but some day some damn fool may do it.

Various international lay bodies have repeatedly tried to establish codes of international law which would take the practice of medicine out of the hands of doctors and put it in the hands of lay groups. The W.M.A. has consistently fought these attempts. So far, in this country we have been able to control our social and economic problems by voluntary action. We are in a somewhat unique position in the world. By supporting the W.M.A., which is entirely against socialism, we may be able to rescue some of the nations now wallowing in the cesspool of socialism from that miserable pit and bring them up slightly less stinking than when they went in.

\* See also, "The World Medical Association: Bastion of Freedom in Medicine" by Amos R. Koontz, M.D., December 1957, Maryland State Medical Journal, Vol. 6, No. 12, page 773.

Another function of the W.M.A. is to foster the international exchange of medical students and doctors and thereby bring the professions of the various countries closer together. Unquestionably such an exchange is in the interest of world peace because my experience in various parts of the world has taught me that doctors are very often better ambassadors than those of our State Department.

The W.M.A. also tries to prevent arbitrary rules and restrictions on the handling of drugs by certain countries, which serve as a deterrent to the general health. There are many other activities of the W.M.A. of international interest too numerous to mention here.

A central repository of medical credentials is being planned by the W.M.A. in which the records of every doctor in the world would be kept. The advantage of this is that if through war, disaster, or by any other means, a doctor's credentials were lost, the record would be there showing not only that he was a doctor (which by himself would be hard to establish) but just what his qualifications were.

During the recent rape of Hungary 500 doctors were transported to Siberia for committing the heinous crime of rendering medical aid to the rebel wounded. Many others had to flee their country sans possessions or records in order to save their lives. The action of the W.M.A. in this situation was in marked contrast to the feeble, futile, fumbling non-action of our government. The W.M.A. sent money to help the refugee physicians become relocated, and urged the medical associations of each member country to do the same. The responses were numerous and generous.

There are 53 countries which are members of the W.M.A. None is an Iron Curtain country and no Iron Curtain country will become a member. I think it can safely be said that one's membership in organized medicine is not complete without membership in the W.M.A. There will be application blanks at the door as you go out and you may become a member by simply filling out the application blank and sending it in with your check for \$10.

It has been said that there are too many societies and too many things to belong to. There is some truth in that. I know of a college student who last summer wanted to go to work to make some money to send himself back to college this fall. Before he could even start to work, he had to pay a union \$15. Fortunately with us our dues are still voluntary. Is it not worthwhile to support an organization which is trying to help us keep our dues on a voluntary rather than a compulsory basis? Remember that freedom is not static—it constantly has to be fought for.

#### REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS. (Page 485.)

(Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.)

Dr. Edwards stated that Dr. W. H. Toulson, the Chairman of the Committee on Constitution and By-Laws could not attend this meeting, so Dr. Diggs would present the report. (Page 485.) Dr. Diggs stated that this report had been sent to the officers of the component societies and the delegates, July 12, 1957, to conform with Article XIV of the Constitution and Chapter II of the By-Laws.

#### Constitution

The amendments to the Constitution are presented at this meeting and unless disapproved, will be sent officially two months before the Annual Meeting to each component society. Final action will be taken at that time. The explanation for these amendments are set forth in the report and not included in these minutes.

Each amendment with the explanation was presented separately by Dr. Diggs and as there was no discussion nor disapproval the following final action will be taken on the amendments in April 1958.

#### Vice-Chairman of the Council

##### Article VI. Council. Section 3.

It is authorized annually to select (one of) FROM its (members to serve as the Chairman) MEMBERSHIP A CHAIRMAN AND A VICE-CHAIRMAN of the Council. No Councilor shall be elected as a Delegate to the House of Delegates.

#### Annual Meeting

##### Article VIII. Sessions and Meetings. Section 1.

The Annual Meeting of the Faculty shall be held at the place and time (the time) to be designated. . . . No change in the remainder of this Section.

Delete: "the time."

#### Committee on Finance and Budget

##### Article XI. Funds and Expenses. Section 3.

Control of funds, investments and expenditures of the Faculty shall be vested in a (Finance Committee) COMMITTEE ON FINANCE AND BUDGET. The (Finance) Committee ON FINANCE AND BUDGET shall consist of (five—5) EIGHT—8 members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, the Secretary and (two) FOUR—4 ADDITIONAL members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the (Finance) Committee ON FINANCE AND BUDGET.

IT SHALL BE THE DUTY OF THE COMMITTEE ON FINANCE AND BUDGET TO ACT FOR THE HOUSE OF DELEGATES AND FOR THE COUNCIL.

IT SHALL ALSO BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

##### Article XI. Funds and Expenses.

Section 4. All resolutions appropriating expenditures must originate in the House of Delegates, or the Council, and shall be referred to the (Finance Committee) COMMITTEE ON FINANCE AND BUDGET for its approval before action is taken thereon.



*By-Laws**Action. Motion adopted.*

Dr. Diggs presented separately each of the following amendments to the By-Laws, which were adopted, on motion duly seconded and carried, by the delegates at this meeting and therefore become effective as of this date:

*Vice-Chairman of the Council*

Chapter VII. The Council. Section 1. Section 9.

Section 1. . . . No change in the first sentence. It shall elect a chairman and A VICE-CHAIRMAN from its own membership. . . . No change in the remainder of this Section.

Section 9. The Executive Committee of the Council shall consist of the Chairman AND THE VICE-CHAIRMAN of the Council, the President, the Secretary and the Treasurer. . . . No change in the remainder of this Section.

Chapter VIII. Section 6. The House Committee.

This Committee shall consist of the Executive Committee of the Council,—THE Chairman AND THE VICE-CHAIRMAN of the Council, . . . No change in the remainder of this Section.

*Chairman, Committee on Finance and Budget*

Chapter VI. Duties of Officers. Section 5. Treasurer.

The Treasurer shall be the Chairman of the COMMITTEE ON Finance AND BUDGET (Committee) . . . No change in the remainder of this Section.

*Nominating Committee, Committee on Finance and Budget, Planning Committee*

Chapter VIII. Standing Committees. Section 1. Paragraph 3.

The standing committees, organized as hereinafter provided are: NOMINATING COMMITTEE, House Committee, (Finance Committee) COMMITTEE ON FINANCE AND BUDGET, Professional Conduct Committee, and (Budget Committee) PLANNING COMMITTEE.

In the second paragraph of this same section delete "Nominating Committee."

*Committee on Finance and Budget*

Chapter VIII. Standing Committees. Section 7. (Finance Committee) COMMITTEE ON FINANCE AND BUDGET.

It shall be the duty of the (Finance) COMMITTEE ON FINANCE AND BUDGET to act for the House of Delegates and for the Council. It shall consist of (five) EIGHT—8 members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, who shall also be the Chairman of the Committee, the Secretary, and (two) FOUR—4 ADDITIONAL members of the Faculty appointed by the Chairman of the Council. (The Finance Committee shall cooperate with the Budget Committee in the preparation of the annual budget for the Faculty.)

THE CONTROL OF FUNDS, INVESTMENTS AND EXPENDITURES OF THE FACULTY SHALL BE VESTED IN THE COMMITTEE ON FINANCE AND BUDGET.

IT SHALL LIKEWISE BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET

OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

Chapter VIII. Standing Committees. Section 11. (Budget Committee.)

THIS SECTION SHALL BE REPLACED BY SECTION 7 AS AMENDED.

This amendment was presented twice, however there was no discussion and it was adopted.

*Dues and Assessments*

Chapter II. Dues and Assessments. Section 1. Active members.

Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. The amount of the dues shall be (\$30.00) \$50.00 per capita per annum for active members (in the County Societies and \$50.00 for active members of the Baltimore City Medical Society) OF THE COMPONENT SOCIETIES, with the following exceptions:

(a. In the County Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$10.00 per annum; for the second year, \$15.00; and the third year and thereafter, \$30.00.

b. In the Baltimore City Medical Society the following rates shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.)

A. IN THE COMPONENT MEDICAL SOCIETIES THE FOLLOWING RATES SHALL PREVAIL: FOR THE FIRST YEAR IN PRIVATE PRACTICE THE DUES SHALL BE \$15.00 PER CAPITA PER ANNUM: FOR THE SECOND YEAR, \$25.00; AND THE THIRD YEAR AND THEREAFTER \$50.00.

Amend Section 1.-c to read Section 1. B, and Section 1.-d to read Section 1.C.

*Executive Secretary*

Chapter VII. The Council. Section 7.

The Council shall have the authority to appoint (a Director) AN EXECUTIVE SECRETARY; . . . No change in the remainder of this paragraph.

Chapter VIII. Standing Committees. Section 3. Library Committee. Paragraph 3.

This Committee shall have supervisory control of the Library Staff through the (Director) EXECUTIVE SECRETARY of the Faculty, . . . No change in the remainder of this paragraph.

*Nominating Committee*

Explanation: By authorization of the House of Delegates.

Chapter VIII. Standing Committees. Section 5. Nominating Committee.



(The President shall appoint, at the end of his term of office in December, a Nominating Committee of five members.) THE NOMINATING COMMITTEE SHALL CONSIST OF THE TWO MOST RECENT LIVING PAST PRESIDENTS, THE SENIOR OF WHOM SHALL BE THE CHAIRMAN, AND THREE MEMBERS TO BE ELECTED BY THE HOUSE OF DELEGATES AT THE SEMI-ANNUAL MEETING. No change in the remainder of this Section.

#### *Planning Committee. (New Committee)*

Chapter VIII. Standing Committees. New Section 11. (Budget Committee which was Section 11 will be deleted if these amendments are adopted.)

SECTION 11. PLANNING COMMITTEE. THE PLANNING COMMITTEE SHALL BE AN ADVISORY COMMITTEE TO THE HOUSE OF DELEGATES AND THE COUNCIL, AND SHALL CONSIST OF THE PRESIDENT, THE SECRETARY, THE TREASURER, THE CHAIRMAN OF THE COUNCIL, THE VICE-CHAIRMAN OF THE COUNCIL AND ONE REPRESENTATIVE ELECTED ANNUALLY (WITH AN ALTERNATE) BY EACH COMPONENT SOCIETY.

#### **REPORT OF THE RESOLUTIONS COMMITTEE.** (Page 489.)

Dr. Robert vL. Campbell, the Chairman presented the report for his Committee.

*Resolution I.* The Resolutions Committee recommends the adoption of the following resolution (originated in the Planning Committee) as the uniform dues of \$50.00 for all full dues paying active members will eliminate the county-city differential, and each Component Society that requests additional services from the Faculty will pay on a service rendered basis: THAT MEMBERS OF ALL COMPONENT SOCIETIES, INCLUDING BALTIMORE CITY MEDICAL SOCIETY, PAY UNIFORM ANNUAL DUES TO THE MEDICAL AND CHIRURGICAL FACULTY, THEREBY ELIMINATING THE DIFFERENTIAL NOW EXISTING BETWEEN THE DUES PAID BY MEMBERS OF THE BALTIMORE CITY MEDICAL SOCIETY AND THE MEMBERS OF THE OTHER COMPONENTS.

#### *Adoption. Resolution.*

Dr. Bubert moved the adoption of this resolution, seconded and carried.

*Resolution II.* This resolution follows the one above and the Constitution and By-Laws Committee prepared the amendments which have been adopted, and the Resolutions Committee recommends the adoption of this Resolution: THAT THE USE OF THE FACILITIES OF THE STATE SOCIETY BUILDING BY ANY COMPONENT SOCIETY BE ON A RENTAL BASIS, THE COST TO BE DETERMINED BY THE EXECUTIVE COMMITTEE.

#### *Adoption. Resolution.*

On motion of Dr. Bubert, duly seconded, this resolution was adopted.

*Resolution III.* Dr. Campbell explained that the Council had approved this resolution, which also as in the case of the two preceding resolutions, had originated in the Planning

Committee, and that the Resolutions Committee recommended adoption of the following: That the BALTIMORE CITY MEDICAL SOCIETY, AND OTHER COMPONENT SOCIETIES, IF THEY SO DESIRE, BE OFFERED SPACE FOR RENTAL ON AN ANNUAL BASIS, AND THAT SUCH SOCIETIES PROVIDE THEIR OWN EQUIPMENT, SUPPLIES, TELEPHONE SERVICE AND PERSONNEL.

#### *Adoption. Resolution.*

On motion, seconded by Dr. Horky, the delegates approved this resolution.

#### **NOMINATING COMMITTEE**

Dr. Edwards stated that the House has adopted at this meeting the amendment to the By-Law that the Nominating Committee be composed of the two most recent living past presidents and three members to be elected by the House of Delegates at the Semiannual Meeting. Dr. Edwards therefore asked for nominations and the following were nominated: Dr. Martin E. Strobel, Reisterstown, Baltimore County, Dr. Leo Brady of Baltimore, Dr. Howard M. Bubert of Baltimore, and Dr. Merrill M. Cross, Silver Spring, Montgomery County.

#### *Nominations Closed. Motion. Members of Committee.*

On motion of Dr. Horky, which was duly seconded and carried, the nominations were closed.

The election was by ballot and the following were elected: Doctors Merrill M. Cross, Howard M. Bubert and Leo Brady. The Nominating Committee consists of Dr. George H. Yeager, Chairman, as the Senior Past-President, Dr. W. H. F. Warthen, Immediate Past President, and Doctors Merrill M. Cross, Leo Brady and Howard M. Bubert.

#### **ASIAN INFLUENZA**

Dr. William T. Joyce, Chairman of the Faculty Asian Influenza Committee reported. (Page 485.)

Dr. Joyce read the following recommendation:

THE COMMITTEE ON INFLUENZA APPOINTED BY THE MEDICAL AND CHIRURGICAL FACULTY ON SEPTEMBER 13, 1957, MET WITH SIMILAR COMMITTEES OF THE MARYLAND ACADEMY OF GENERAL PRACTICE, THE MARYLAND CHAPTER OF THE AMERICAN PEDIATRIC SOCIETY AND MEMBERS OF THE STATE DEPARTMENT OF HEALTH AND RECOMMENDS THAT THE MEDICAL AND CHIRURGICAL FACULTY REQUEST EACH COMPONENT MEDICAL SOCIETY TO FORMULATE PLANS FOR THE EMERGENCY CARE OF THE SICK IN ANTICIPATION OF AN OUTBREAK OF INFLUENZA.

The Committee also suggests that the material that is to be mailed should be sent through the Faculty Office to the officers of the Component Medical Societies, but the Health Department would do the work and prepare the information.

Dr. Joyce stated that the Committee did not attempt to set the fee nor to say there should be mass inoculations.

Dr. Edwards stated that the following were the members of the Faculty on the Committee: Dr. William T. Joyce, Chairman, Dr. Donald W. Mintzer and Dr. Leonard Scherlis, and that this Committee would work in conjunction with the

over-all State Committee consisting of members from the groups listed in the recommendation and under the Chairmanship of Dr. Edward Davens.

*Motion on Recommendation.*

*It was moved and seconded that the recommendation be adopted. The Secretary requested clarification of the Faculty Office's responsibility in sending out the material. Dr. Joyce stated that the Committee felt it was the responsibility of the Faculty to do for the Committee what it could not itself do and therefore it suggested that the Faculty send the data to the component societies. Recommendation adopted.*

*The recommendation as submitted by Dr. Joyce and his suggestions were approved.*

Mr. Kirkman reported that a representative from the Red Cross had stated that through its Chapters the Red Cross is ready to cooperate with the medical profession. It was suggested that the delegates report to their local societies that the Red Cross stands ready to help.

**FEDERAL MATCHING FUNDS AVAILABLE FOR USE IN THE OPERATION OF THE MARYLAND MEDICAL CARE PLAN.**

Mr. Kirkman reported as follows: Senate Bill 245 was introduced in the General Assembly and the Department of Public Welfare would be authorized to contract with the State Department of Health for medical care for \$800,000. which the Federal Government made available. The Faculty opposed the Bill but it was passed. The Faculty's Committee to Advise the State Department of Health of which Dr. Bender B. Kneisley, is the Chairman, had a meeting and this Committee opposed the acceptance of Federal Funds to be used for Medical Care. The Committee circularized the Council and of the 24 members, 21 opposed it, 1 member could see both sides and 2 were not available or were away from their offices. The Committee also circularized the component societies and 19 were opposed, 3 were for it, and 2 were undecided or said there was a difference of opinion among the members. As a result of this poll, Dr. Firor drew up a letter (copy attached) which was presented to the Maryland State

Board of Public Works. The Board is composed of the Governor, the Treasurer, and the Comptroller who is the principle fiscal officer of the State, and as he was absent from the meeting no action was taken.

*Action.*

*The Council did not take action on this report.*

**EMERITUS MEMBERSHIP.** Dr. Edgar M. Bush

*On motion of Dr. Cornbrooks, seconded by Dr. Needle, the recommendation of the Council was approved that Dr. Edgar M. Bush, Hampstead, Carroll County, be placed on the list of Emeritus members of the Faculty. The motion was unanimously carried.*

**FELICITATIONS TO DR. FRANK J. KIRBY**

*On motion of Dr. Needle, seconded and carried, the Secretary was requested to write a letter of congratulation to Dr. Frank J. Kirby on his 90th birthday.*

**ACCREDITATION OF HOSPITALS**

Dr. Samuel Morrison made a plea that as the smaller hospitals are being made to affiliate with the larger hospitals by sending their interns to the larger ones, he urged that the Faculty's Committee on Accreditation activate itself.

**AMERICAN MEDICAL EDUCATION FOUNDATION**

Dr. Osborne Christensen as a member of the Faculty's American Medical Education Foundation Committee, called to the attention of the members that it is preferable to contribute directly to AMEF rather than direct to the medical school, and the contributor may designate his school. The amounts contributed to AMEF is matched by industry and Maryland was given a great deal more by AMEF than was contributed by the physicians in the State.

*On motion of Dr. Robinson, seconded and carried, the meeting adjourned at 12:30 p.m.*

Respectfully submitted,  
EVERETT S. DIGGS, M.D., Secretary

**CORRECTION**

In the *List of Vice-Presidents* in the *Directory* section of the August *Maryland State Medical Journal*, there is an asterisk beside the name of Dr. Alfred R. Maryanov, indicating that he is deceased. The asterisk should be beside the name of Dr. Grant E. Ward, and not that of Dr. Maryanov.

In the *Cecil County* section of the *Directory*, the name of Dr. E. P. Brannon also is erroneously marked with an asterisk.

The Editor sincerely regrets these errors.

## REPORTS\*

## To the House of Delegates

## TREASURER'S REPORT

## Mr. President and Members of the House of Delegates:

Due to an unfortunate automobile accident and enforced hospitalization for fractured ribs I will be unable to attend the Semiannual Meeting this year in Ocean City.

At the Semiannual Meeting the Treasurer does not necessarily make a report. However, I do feel that there are some factors regarding the financial situation of our Society which I should like to discuss with you, realizing at the same time that Dr. W. M. Firor as Chairman of both the Planning Committee and the Council, will probably also cover these remarks.

It will be noted that the Council has approved expenditures to repair and redecorate the Annex in which are located the offices of the Board of Medical Examiners and the nursing organizations. I am happy to report that these repairs have been completed and the bills paid, which amounted to \$3,000. In addition to this amount, it has been necessary to spend \$1,500. for emergency repairs for replacement of tubes in the boilers at the Faculty Building, making a total of \$4,500. which has been spent.

We have had a survey made of the three properties by a building engineer who advised that it will be necessary to expend approximately \$6,500. additional at 1211 Cathedral Street and the Annex for repairs and painting which have been woefully neglected in the past years because of lack of funds. This makes a total of \$11,000. to bring the three properties into reasonably good repair. This last figure of \$6,500. has not been approved and I am asking the Council, if the funds are available, for their approval of this additional expenditure.

At this writing I would like to say that your Treasurer definitely feels that the dues of \$50.00 across the Board for all active full dues paying members is the minimum for which we will be able to operate. This is looking to the future when there will be additional increases in personnel, expenses, repairs, public relations and programs of activities of which you will hear at a later date, and which I believe are so urgently needed to continue the work and strong voice that the Medical and Chirurgical Faculty must have along with other State Medical Societies in our National program.

Subsequent decisions and policies could alter the whole situation but this is how the matter stands at the present time, but in any event as far as it can be seen now it will be necessary to have dues of \$50.00 for all active full dues paying members to implement all the activities and programs which have been recommended by the members themselves.

Respectfully submitted,  
WETHERBEE FORT, M.D., *Treasurer*

## REPORT OF THE COMMITTEE ON ASIAN INFLUENZA

## Mr. President and Members of the House of Delegates:

The Committee on Asian Influenza appointed by the Medical and Chirurgical Faculty, on September 13, 1957, met with similar committees of the Maryland Academy of General Practice, the Maryland Chapter of the American Pediatric Society and members of the State Department of Health and recommends that the Medical and Chirurgical Faculty request each Component Medical Society to formulate plans for the emergency care of the sick in anticipation of an epidemic of influenza.

It is also recommended that the Medical and Chirurgical Faculty keep the Component Medical Societies notified of all phases of the influenza epidemic if, or as it develops.

It is understood that informatory material will be prepared by the State Department of Health and mailed out by the Medical and Chirurgical Faculty to the officers of the Component Medical Societies.

Respectfully submitted,  
WILLIAM T. JOYCE, M.D., *Chairman*  
DONALD W. MINTZER, M.D.  
LEONARD SCHERLIS, M.D.

## REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

## Mr. President and Members of the House of Delegates:

The House of Delegates, the Planning Committee and the Council have referred suggested changes in the Constitution and By-Laws to this Committee. The amendments have been submitted to the Council for suggestions prior to being sent to the component societies.

We have grouped these amendments<sup>1</sup> under the subject headings rather than in continuity by Articles in the Constitution or Chapters in the By-Laws. However, if an *Article or Section of said Article in the Constitution* is to be amended the following is the procedure:

The amendment, if approved by the House of Delegates at the Semiannual Meeting on September 20, 1957, will not become effective until the Annual Meeting in 1958. The amendment must be presented by previous Annual, semi-annual or special session of the House of Delegates, and then sent officially to each component society two months before the Annual Meeting at which final action is to be taken. It takes a two-thirds vote of the delegates presented to amend the Constitution.

The following is the procedure for the By-Laws:

The By-Laws may be amended at a Semiannual Meeting

\* Key for Committee Reports: All recommendations and resolutions in "italics" regardless of whether or not adopted by the House of Delegates.

<sup>1</sup> Amendments are indicated by capital letters and parenthesis are for deletions.

providing the amendments have been sent officially to all the delegates at least 30 days prior to the Semiannual Meeting. It takes a majority vote of all the delegates present to amend the By-Laws.

#### *Vice-Chairman of the Council*

*Explanation:* For many years the Council has elected a Vice-Chairman but if these amendments are adopted, the Vice-Chairman will be a member of the Executive Committee of the Council, so this amendment seems advisable.

Constitution. Article VI. Council. Section 3.

It is authorized annually to select (one of) FROM its (members to serve as the Chairman) MEMBERSHIP A CHAIRMAN AND A VICE-CHAIRMAN of the Council. No Councilor shall be elected as a Delegate to the House of Delegates.

*Explanation.* The Council recommended to the House of Delegates that the Vice-Chairman of the Council be a member of the Executive Committee and the House of Delegates approved this recommendation.

By-Laws. Chapter VII. The Council. Section 1. Section 9.

Section 1. . . No change in the first sentence. It shall elect a chairman and A VICE-CHAIRMAN from its own membership. . . No change in the remainder of this Section.

Section 9. The Executive Committee of the Council shall consist of the Chairman AND THE VICE-CHAIRMAN of the Council, the President, the Secretary and the Treasurer. . . No change in the remainder of this Section.

By-Laws. Chapter VIII. Section 6. The House Committee.

This Committee shall consist of the Executive Committee of the Council—THE Chairman AND THE VICE-CHAIRMAN of the Council, . . . No change in the remainder of this Section.

#### *Annual Meeting*

*Explanation:* Correction in duplication of words.

Constitution. Article VIII. Sessions and Meetings. Section 1.

The Annual Meeting of the Faculty shall be held at a place and time (the time) to be designated . . . No change in the remainder of this Section.

Delete: "the time."

#### *Committee on Finance and Budget*

*Explanation:* The Constitution and By-Laws Committee at its meeting discussed the resolution of the Council requesting the merging of the Finance and Budget Committees and arranging for this in the Constitution.

It was the understanding of our committee that the Finance Committee had the supervision over the invested funds of various bequests made over the years to the Faculty. Also the execution of mandates carried in these various funds. Also it was the thought of our committee that the Finance Committee was usually an integral part of the Council.

The Budget Committee, on the other hand, was not concerned with the investment of funds but more concerned with raising funds, if necessary, and the allocation of these funds to the various agencies of the Faculty, and that the Budget

Committee was well represented in the counties in contrast to the Finance Committee members who were almost always centered in the city.

Therefore, if these committees are to be merged the various functions of the Finance and Budget Committees should be recognized and the membership of these committees distributed accordingly.

Constitution. Article XI. Funds and expenses. Section 3.

Control of funds, investments and expenditures of the Faculty shall be vested in a (Finance Committee) COMMITTEE ON FINANCE AND BUDGET. The (Finance) Committee ON FINANCE AND BUDGET shall consist of (five—5) EIGHT—8 members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, the Secretary and (two) FOUR—4 ADDITIONAL members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the (Finance) Committee ON FINANCE AND BUDGET.

IT SHALL BE THE DUTY OF THE COMMITTEE ON FINANCE AND BUDGET TO ACT FOR THE HOUSE OF DELEGATES AND FOR THE COUNCIL.

IT SHALL ALSO BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

By-Laws. Chapter VI. Duties of Officers. Section 5. Treasurer.

The Treasurer shall be the Chairman of the COMMITTEE ON Finance AND BUDGET (Committee) . . . No change in the remainder of this Section.

By-Laws. Chapter VIII. Standing Committees. Section 7. (Finance Committee) COMMITTEE ON FINANCE AND BUDGET.

It shall be the duty of the (Finance) COMMITTEE ON FINANCE AND BUDGET to act for the House of Delegates and for the Council. It shall consist of (five) EIGHT—8 members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, who shall also be the Chairman of the Committee, the Secretary, and (two) FOUR—4 ADDITIONAL members of the Faculty appointed by the Chairman of the Council. (The Finance Committee shall cooperate with the Budget Committee in the preparation of the annual budget for the Faculty.)

THE CONTROL OF FUNDS, INVESTMENTS AND EXPENDITURES OF THE FACULTY SHALL BE VESTED IN THE COMMITTEE ON FINANCE AND BUDGET.

IT SHALL LIKEWISE BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST



REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

By-Laws. Chapter VIII. Standing Committees. Section 11. (Budget Committee.)

This section shall be replaced by section 7 as amended.

By-Laws. Chapter VIII. Standing Committees. Section 1. Paragraph 3.

The standing committees, organized as heretofore provided are:

NOMINATING COMMITTEE, House Committee, (Finance Committee) COMMITTEE ON FINANCE AND BUDGET, Professional Conduct Committee, and (Budget Committee) PLANNING COMMITTEE.

In the second paragraph of this same section delete "Nominating Committee."

#### Dues

Explanation: The House of Delegates referred Recommendation #15 of the Planning Committee Report to the Committee on Constitution and By-Laws and to the Resolutions Committee. The Chairman of the Committee on Constitution and By-Laws met with the Planning Committee which recommended that the dues be \$50.00 for the full dues paying active members in the counties and Baltimore City.

With the approval of Council, the Committee on Constitution and By-Laws is recommending that the dues for active members in the first and second years in practice shall be the same in the Counties and Baltimore City.

By-Laws. Chapter II. Dues and Assessments. Section 1. Active members.

Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. The amount of the dues shall be (\$30.00) \$50.00 per capita per annum for active members (in the County Societies and \$50.00 for active members of the Baltimore City Medical Society) OF THE COMPONENT SOCIETIES, with the following exceptions:

(a. In the County Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$10.00 per annum; for the second year, \$15.00; and the third year and thereafter, \$30.00.

b. In the Baltimore City Medical Society the following rates shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.)

A. IN THE COMPONENT MEDICAL SOCIETIES THE FOLLOWING RATES SHALL PREVAIL: FOR THE FIRST YEAR IN PRIVATE PRACTICE THE DUES SHALL BE \$15.00 PER CAPITA PER ANNUM; FOR THE SECOND YEAR, \$25.00; AND THE THIRD YEAR AND THEREAFTER, \$50.00.

Amend Section 1.-c to read Section 1. B, and Section 1.-d to read Section 1. C.

#### Executive Secretary

Explanation: The House of Delegates approved the recommendation of the Planning Committee to abolish the position of Director and select an Executive Secretary. This necessitated the change of the word "Director" to EXECUTIVE SECRETARY in the By-Laws.

By-Laws. Chapter VII. The Council. Section 7.

The Council shall have the authority to appoint (a Director) AN EXECUTIVE SECRETARY; ...No change in the remainder of this paragraph.

By-Laws. Chapter VIII. Standing Committees. Section 3. Library Committee. Paragraph 3.

This Committee shall have supervisory control of the Library Staff through the (Director) EXECUTIVE SECRETARY of the Faculty, ...No change in the remainder of this paragraph.

#### Nominating Committee

Explanation: By authorization of the House of Delegates.

By-Laws. Chapter VIII. Standing Committees. Section 5. Nominating Committee.

(The President shall appoint, at the end of his term of office in December, a Nominating Committee of five members.) THE NOMINATING COMMITTEE SHALL CONSIST OF THE TWO MOST RECENT LIVING PAST PRESIDENTS, THE SENIOR OF WHOM SHALL BE THE CHAIRMAN, AND THREE MEMBERS TO BE ELECTED BY THE HOUSE OF DELEGATES AT THE SEMIANNUAL MEETING. No change in the remainder of this Section.

#### Planning Committee. (New Committee)

Explanation: The Planning Committee is recognized as a very useful adjunct to the Faculty and it has been suggested by our committee that its duties be those of advisory to the Council and to the House of Delegates.

This amendment, if adopted, is intended to create a wider interest among our members, apart from the annually elected representatives to the House of Delegates and the Council.

By-Laws. Chapter VIII. Standing Committees. New Section 11. (Budget Committee which was Section 11 will be deleted if these amendments are adopted.)

SECTION 11. PLANNING COMMITTEE. THE PLANNING COMMITTEE SHALL BE AN ADVISORY COMMITTEE TO THE HOUSE OF DELEGATES AND THE COUNCIL, AND SHALL CONSIST OF THE PRESIDENT, THE SECRETARY, THE TREASURER, THE CHAIRMAN OF THE COUNCIL, THE VICE-CHAIRMAN OF THE COUNCIL AND ONE REPRESENTATIVE ELECTED ANNUALLY (WITH AN ALTERNATE) BY EACH COMPONENT SOCIETY.

Respectfully submitted,  
W. HOUSTON TOULSON, M.D., *Chairman*  
E. COWLES ANDRUS, M.D.  
THURSTON HARRISON, M.D.  
DONALD HOOKER, M.D.

# COMMITTEE TO ARRANGE FOR A MANAGEMENT SURVEY OF THE FACULTY AND RECOMMEND AN EXECUTIVE SECRETARY TO COUNCIL<sup>1</sup>

## Mr. President and Members of the House of Delegates:

Report to Semiannual Meeting September 20, 1957.

This Committee was authorized by the House of Delegates at the Annual Meeting this year. The first meeting was held June 26, 1957 in the Faculty Building. The Committee members decided to have a survey made of the Medical and Chirurgical Faculty by someone capable of doing this work and later to recommend an executive secretary.

Mr. Kirkman, at the request of the Executive Committee, had attended the Conference of Medical Society Executives at the AMA meeting. One of the features of the conference was an address by Mr. E. C. Edlund of the Management Consultant firm of Rogers, Slade and Hill of New York City, on the subject of "Principles of Problems of Management of Medical Associations." Mr. Edlund had recently made surveys of the Pennsylvania and North Carolina State Societies.

After some discussion the Committee presented Mr. Edlund to the Council and recommended that he be commissioned to do the job. The Council approved and Mr. Edlund accepted the job of making a preliminary survey of the Faculty and its operation for the sum of \$2000.00 plus actual out of the pocket expenses. In this study he was to interview a sampling of people representing all phases of the work of the Medical and Chirurgical Faculty.

The next meeting of the Committee was held August 19, 1957 to hear the report of Mr. Edlund. The report as transcribed by a professional stenographer contained eighty-eight pages with thirty-nine recommendations. In this study Mr. Edlund had interviewed forty-one persons including the officers, office force and representatives from all but one County Medical Society. No report can be made on the findings at this time since there has not been time to study the report in full.

Your Committee plans to turn this report over to the Planning Committee with no changes. Also to send along a full report of all that has been done and how this group feels about the recommendations. The Planning Committee can then make its report to the Council. When this has been done this Committee will remain inactive until the "Go" sign is given by the Council to recommend an Executive Secretary.

Respectfully submitted,  
WALDO B. MOYERS, M.D., *Chairman*  
WARDE B. ALLAN, M.D.  
JOHN N. CLASSEN, M.D.  
MERRILL M. CROSS, M.D.  
EVERETT S. DIGGS, M.D.  
J. SHELDON EASTLAND, M.D.  
C. REID EDWARDS, M.D.  
WARFIELD M. FIROO, M.D.  
WETHERBEE FORT, M.D.

<sup>1</sup> See Special Meeting of the House of Delegates, February 26, 1958, of this Volume, pages 490-496.

THURSTON HARRISON, M.D.  
A. AUSTIN PEARRE, M.D.  
W. A. PILLSBURY, JR., M.D.  
HUGH W. WARD, M.D.  
WALTER N. KIRKMAN, *Secretary*

## NEW BUILDING COMMITTEE

See page 480 of minutes of House of Delegates, Semiannual Meeting, September 20, 1957, for the report of the New Building Committee.

Respectfully submitted,  
ALBERT E. GOLDSTEIN, M.D. *Chairman*  
Subcommittee on Building Plans  
R. WALTER GRAHAM, JR., M.D., *Chairman*  
Subcommittee on Finance  
CHARLES F. O'DONNELL, M.D., *Chairman*  
JOHN W. PARSONS, M.D., *Treasurer*  
JAMES G. ARNOLD, JR., M.D.  
WILLIAM L. GARLICK, M.D.  
HARRY C. HULL, M.D.  
MARVIS P. JOHNSON, M.D.  
RICHARD W. TELINDE, M.D.

## PLANNING COMMITTEE

(Authorized by the House of Delegates, May 1956, and appointed formally June 1956. In conformity with the By-Laws, as of September 1957, the Planning Committee shall consist of the President, Secretary, Treasurer, Chairman of Council, Vice-Chairman of Council, and one Representative elected annually by each Component Society.)

See page 479 of minutes of House of Delegates, Semiannual Meeting, September 20, 1957, for the report of the Planning Committee.

Respectfully submitted,  
WARFIELD M. FIROO, M.D., *Chairman*  
JAMES ANDREWS, M.D.  
JOHN M. BLOXOM, III, M.D.  
MERRILL M. CROSS, M.D.  
LESLIE E. DAUGHERTY, M.D.  
A. C. DICK, M.D.  
EVERETT S. DIGGS, M.D.  
C. REID EDWARDS, M.D.  
W. L. ETIENNE, M.D.  
WETHERBEE FORT, M.D.  
MARTIN GROSS, M.D.  
J. ROY GUYTHER, M.D.  
THURSTON HARRISON, M.D.  
RALPH HORKY, M.D.  
ROBERT L. KIMBERLY, M.D.  
WILLIAM T. LAYMAN, M.D.  
WALLACE OBENSHAIN, M.D.  
CHARLES F. O'DONNELL, M.D.  
ROBERT A. RILEY, JR., M.D.  
NORMAN E. SARTORIUS, JR., M.D.  
THEODOR SATTELMAIER, M.D.  
JAMES B. THOMAS, M.D.  
HUGH W. WARD, M.D.  
ROBERT WRIGHT, M.D.

## REPORT OF RESOLUTIONS COMMITTEE

## Mr. President and Members of the House of Delegates:

Following are the resolutions which have been submitted to our Committee:

- I. That members of all component societies, including Baltimore City Medical Society, pay uniform annual dues to the Medical and Chirurgical Faculty, thereby eliminating the differential now existing between the dues paid by members of the Baltimore City Medical Society and the members of the other components.

This matter was discussed in Council and approved. The figure decided upon was fifty dollars (\$50.00) uniform dues. This eliminates the county-city differential and each Component requesting additional services from our society will pay for them on a service rendered basis.

The Resolutions Committee recommends the adoption of this resolution.

- II. That the use of the facilities of the state society building by any component society be on a rental basis, the cost to be determined by the Executive Committee.

This resolution naturally follows the one above. The Constitution and By-Laws Committee has prepared the necessary changes, and Council approval for the above has already been received.

The Resolutions Committee recommends the adoption of this resolution.

- III. That the Baltimore City Medical Society, and other component societies, if they so desire, be offered space for rental on an annual basis, and that such societies provide their own equipment, supplies, telephone service and personnel.

This resolution naturally follows the one above. The Constitution and By-Laws Committee has prepared the necessary changes, and Council approval for the above has already been received.

The Resolutions Committee recommends the adoption of this resolution.

Respectfully submitted,  
ROBERT V.L. CAMPBELL, M.D., Chairman  
M. MCKENDREE BOYER, M.D.  
ERNEST I. CORNBROOKS, JR., M.D.  
MELVIN B. DAVIS, M.D.  
ROBERT W. FARR, M.D.

## SPECIAL MEETING

### HOUSE OF DELEGATES

Wednesday, February 26, 1958

*Osler Hall, Medical and Chirurgical Faculty Building,  
1211 Cathedral Street, Baltimore*

#### MINUTES OF THE 224th MEETING<sup>1</sup>

Wednesday, February 26, 1958

A special meeting (224th) of the House of Delegates of the Medical and Chirurgical Faculty was held on February 26, 1958 at 1211 Cathedral Street, Baltimore, Md. at 11:00 A.M.

The meeting was called to order at 11:00 A.M. by the President, Dr. J. Sheldon Eastland, President of the Faculty.

Those in attendance were: Doctors Manning N. Alden, Walter A. Anderson, Philip J. Bean, Robert A. Bier, J. W. Bird, Francis J. Borges, Helen Bowie, M. McKendree Boyer, Leo Brady, A. T. Brice, H. M. Bubert, Albert E. Bunker, R. vL. Campbell, Osborne D. Christensen, Ernest I. Cornbrooks, Jr., Louis Z. Dalmau, L. E. Daugherty, Everett S. Diggs, R. C. Dodson, J. S. Eastland, C. Reid Edwards, W. L. Etienne, W. B. Firor, Wetherbee Fort, David J. Gilmore, A. E. Goldstein, William E. Grose, William B. Hagan, J. C. Handelshan, Thurston Harrison, R. Donald Jandorf, Page C. Jett, Walter L. Kirby, H. F. Kinnamon, George A. Knipp, Louis Krause, Robert C. LaMar, C. Edward Leach, William D. Lynn, Howard B. Mays, James N. McCosh, R. S. McVaugh, Donald W. Mintzer, A. J. Mirkin, Samuel Morrison, W. B. Moyers, K. F. Mech, C. F. O'Donnell, Moses Paulson, Wm. F. Pearch, M. D. Phillips, John O. Robben, R. C. Robinson, A. B. Rohrbaugh, Jr., Theodor Sattelmair, L. R. Schoolman, Douglas H. Stone, J. F. Supplee, III, Hugh Ward, Henry C. Welcome, David R. Will, A. Dougal Young, Richard A. Young. Mr. Walter N. Kirkman also attended the meeting.

#### PRESENTATION OF GAVEL

Dr. C. Reid Edwards, Immediate Past President, presented Dr. Eastland with a gavel and with appropriate statements. Dr. Eastland accepted the gavel and acknowledged his pleasure in being able to serve the Medical and Chirurgical Faculty as its President.

#### PURPOSE OF MEETING

Dr. Eastland then stated the purpose of the special meeting which was to consider the report of the Management Survey of the Faculty, which Survey was made under the direction of a special committee of which Dr. Waldo B. Moyers was the Chairman. The firm of Rogers, Slade and Hill of New York City were employed to conduct the Survey which was done under the immediate supervision of Mr. R. C. Edlund. Dr. Eastland stated that Mr. Edlund's report consisted of 38 recommendations which had been considered by the Survey Committee, the Planning Committee and the Council. The

<sup>1</sup> Key for minutes: Motions giving action of House of Delegates are in italics.

actions taken by these three bodies are indicated on the Agenda which has been distributed to the Delegates.

Dr. Moyers reviewed the steps which were taken in the conduct of the Survey and stated that in addition to the responsibility for the Survey his Committee was charged with the duty of recommending to the Council for appointment an Executive Secretary. A large number of individuals were considered and the Committee is ready to submit its recommendations to the Council.

#### DISCUSSION OF RECOMMENDATIONS

The members of the House of Delegates then proceeded to discuss the recommendations contained in the Survey Report and the following actions were taken:

##### I

Report of Committee to (1) Arrange for a Management Survey of the Faculty and Recommend an Executive Secretary.

a. *Recommendation 1* by Mr. Edlund to the Survey Committee.

Don't go too fast is my first advice. I mean it soberly and very seriously. September 20, which I understand was the deadline that determined this very limited assignment of mine, is all too early to hope to make decisions. You can report progress, but as I see it, you will have a great deal to do before you can even decide wisely what kind of an Executive Secretary you want. A wise man, incidentally, who is looking to the future and wants to know what that future is, wouldn't want to take the job till the Faculty itself knows a bit more clearly for what port it is steering and how it hopes to get there.

b. Action of Survey Committee.

On motion of Dr. Allan, which was seconded and carried, it was recommended that the Committee make an immediate effort to secure and screen candidates and to recommend an Executive Secretary for appointment by the Council of the Medical and Chirurgical Faculty.

c. Action of Planning Committee.

The recommendation of the Survey Committee was approved. It is understood that the Survey Committee will interview possible candidates and recommend an Executive Secretary to the Council for appointment. It was agreed that as far as is possible applications should be received from Executive Secretaries of other Medical Societies and the question of traveling expenses of such candidates for an interview in Baltimore was also discussed. It was agreed that the Faculty would not incur such an expenditure but this should be borne by the applicant.

*Motion. Adopted—Salary of Executive Secretary.*

The matter of salary for the Executive Secretary was also discussed, and on motion duly seconded and carried, it was ordered that the salary of not in excess of \$12,000.00 be paid.



It was also agreed that the successful candidate should be offered a two or three year contract of employment.

d. Action of Council.

The Council approved the recommendation of the Planning Committee that an immediate effort be made to secure and screen candidates and to recommend an Executive Secretary for appointment by the Council.

e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the House of Delegates approve the recommendation of the Council.*

## II

a. Recommendation 2 in which Mr. Edlund called particular attention of the Survey Committee to the following:

Improved communication.

A great deal more personal contact between the Faculty and the Counties.

Preparation of leaflets explaining clearly what the Faculty offers to members.

Offer to County Societies a speaking program on malpractice and what the Faculty does to defend members against suits.

Hold Council and Committee meetings in various parts of the State.

Keep Presidents, Secretaries, and Presidents-Elect of Component Societies fully informed.

b. Action of Survey Committee.

No action on these recommendations at this time. It was agreed that these recommendations should be referred to the Planning Committee and the Executive Secretary when one is selected.

c. Action of Planning Committee.

The action of the Survey Committee was approved.

d. Action of Council.

No action was taken by the Council on this recommendation.

e. House of Delegates—Action.

*After discussion, on motion duly seconded and approved, it was ordered that the action of the Survey Committee be approved.*

## III

a. Recommendation 3 by Mr. Edlund to the Survey Committee:

Separate Baltimore City Society personnel physically from Faculty personnel: in the present building, if there is any practical way to do it.

b. Action of Survey Committee.

On motion, duly seconded and carried, it was suggested that this recommendation be approved.

c. Action of Planning Committee.

The recommendation of the Survey Committee was approved.

d. Action of Council.

Approved recommendation of Planning Committee.

e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Survey Committee be approved.*

## IV

a. Recommendations 4 through 13 by Mr. Edlund to the Survey Committee:

4. Instead of two additional Stenographers for which your

budget calls, employ for one such addition to the force, a highly competent file clerk. There may be a dozen different sets of files, each handled by the person whose work goes into them. With the exception of one worker, everybody's filing is seriously behind. I see no way under present conditions, filing will ever be current. The best answer, I believe, is one file clerk, admitting as I do, that this has disadvantages too. The overbalancing advantages, in my opinion, are three-fold: (a) That filing will be current, or more nearly so; (b) Everyone's time, I think, will be saved; (c) Unsightly clutters of paper which mar the office now, will be cleaned up and put away where they belong.

5. That considerations be given to audits more frequently than once a year, which is the current practice. I had no opportunity in the present study to see the auditors, though there are several matters I would like to have discussed with them.

6. That some way be found, if possible, to provide quiet space for the bookkeepers, both for the Faculty and the Baltimore Society. For the Faculty the best plan I can think of is to put Miss Edgar, the bookkeeper, in the room now occupied by Miss Cain, who works with Dr. Yeager on the Journal, and move the safe there, too. For the City Society, if their offices are separated physically from the Faculty office, their bookkeeper, Mrs. Herget, will go with them, presumably.

7. That provision be made soon for an understudy to Miss Edgar, who has not been well, and who after more than 30 years of faithful service must before too long, reach retirement. Such understudy must also take over the payroll records, the drawing of checks, and other bookkeeping work now being done by Mr. Kirkman and of which he should be relieved as soon as feasible.

8. Similarly, that provision be made for an understudy to Miss Wynde, second longest in point of service to Miss Edgar, and who one day must also retire.

9. That the understudy to Miss Wynde, take officer dictation and Council minutes herself, eliminating the duplication of redictation that now goes through Miss Wynde.

10. That cash card records of members be combined in one set of cards, providing the auditor approves.

11. That the Auxiliaries have an office and clerical assistance of their own, for which they themselves should pay. Space on the third floor could probably be arranged for this although it would be not in continuous use and may be wasted space which to some extent could be put to larger income-producing purpose than you want to charge the Auxiliaries.

12. That the practice of employing part-time workers be gradually discontinued.

13. That consideration be given to keeping the office closed on Saturday mornings. There is possible danger in having just one girl alone in the office, particularly if the safe is open.

b. Action of Survey Committee.

After discussion and motion, duly seconded and carried, it was suggested that these recommendations be referred to the Executive Secretary for consideration and report.

c. Action of Planning Committee.

On motion, duly seconded and carried, the recommendation of the Survey Committee was approved.

d. Action of Council.

Approved the recommendation of Planning Committee.

e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved on these recommendations.*

## V

## a. Recommendation 14 by Mr. Edlund to Survey Committee:

That the Faculty institute occasional periodic review by an office management consultant to help increase and maintain the efficiency of the office.

## b. Action of Survey Committee.

After discussion, on motion duly seconded and carried it was suggested that this recommendation be disapproved.

## c. Action of Planning Committee.

On motion, duly seconded and carried, it was ordered that the policy of occasional review of procedures by office management consultants be approved.

## d. Action of Council.

Approved action of Planning Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.*

## VI

## a. Recommendations 15 and 16 by Mr. Edlund to Survey Committee:

15. Postpone for a few months the search for an Executive Secretary with the determination to decide more clearly some basic questions such as (a) whether you will organize the Faculty more democratically with participation in nominations, elections, and administration from Component Societies up, rather than from the Council down; (b) whether physically and actually you will separate the Baltimore Society and the Faculty; (c) whether you will continue the heritage of the Library or give it up; (d) what you will aim for as headquarters—will it be the present building; a new building; commitment to floors in a Medical Building in Area 12; giving up an Auditorium and leasing modern quarters; or some other plan not yet proposed; (e) what your dues resources and income will be; and (f) what staff you plan for, to carry on the necessary work. Obviously my tentative explorations, based upon the respondents to whom you exposed me, is carrying this report far beyond the simple limits we originally had in mind. No one could listen, however, to these respondents from outside Baltimore without realizing the deep dissatisfactions which many of them feel, the ferment that is going on, and the bright hope that things may be different from now on. Till at least some of these basic questions are on the way to settlement, it is difficult to know what manner of man your Executive Secretary should be, or define it with clarity, his duties and responsibilities.

16. If you feel desperate to put a man on the job soon, you might hire a stop-gap, or possibly (with great good fortune) find a man willing and able to gamble on the outlook. The other course, however, is the one I recommend.

## b. Action of Survey Committee.

After discussion on motion duly seconded and carried, it was suggested that the following words be deleted from Recommendation 15, (first two lines in this recommendation)—“Postpone for a few months the search for an Executive Secretary with the determination to decide more clearly some basic questions.”

It was further suggested that the balance of Recommendation 15 and Recommendation 16 be referred to the Planning Committee.

## c. Action of Planning Committee.

No action was taken on this recommendation.

## d. Action of Council.

Approved action of Survey Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the actions of the Survey Committee and of the Council be approved on these recommendations.*

## VII

## a. Recommendations 17 and 18 by Mr. Edlund to Survey Committee:

17. If you want a strong man, be prepared to pay a salary that will attract. Provide other perquisites helpful to his work, such as reasonable Club Memberships.

18. Set up pension plans to be applicable from now on to new employees.

## b. Action of Survey Committee.

The Committee agreed with these recommendations in principle and felt that high priority should be given to the implementation of these plans.

## c. Action of Planning Committee.

No action was taken on these recommendations.

## d. Action of Council.

Approved action of Survey Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved on these recommendations.*

## VIII

a. Recommendation 20<sup>1</sup> by Mr. Edlund to Survey Committee:

Study to develop nomination and election procedures which will be as democratic as possible and yet will assure as far as feasible, wise and non-political leadership alert to the diverse needs of all parts of the State.

## b. Action of Survey Committee.

It was agreed that this recommendation should be referred to the Planning Committee.

## c. Action of Planning Committee.

The Chairman of the Planning Committee was authorized to appoint a Special Committee to recommend improvements in the present nomination and election procedures.

(Dr. Whitmer B. Firor and Dr. Charles O'Donnell were appointed and the report of this Committee at the present time is incomplete, but in due time it will be given to the Council and later submitted to the House Delegates.)

## d. Action of Council.

Approved action of the Planning Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that no action be taken on this recommendation. It was noted that a special committee consisting of Dr. Whitmer B. Firor and Dr. Charles O'Donnell, were appointed to study the matter of nomination and election procedures of the Faculty.*

<sup>1</sup> In Mr. Edlund's Report—No item for Number 19.

## IX

a. *Recommendation 21* by Mr. Edlund to Survey Committee:

Follow respondent suggestions to broadcast to every member pertinent information about Council and Executive Committee proceedings. Take pains to convey this information in as interesting a fashion as possible, not just a form letter, not only broadcast it but try to get it read.

## b. Action of Survey Committee.

It was agreed that this recommendation should be referred to the Planning Committee.

## c. Action of Planning Committee.

On motion, duly seconded and carried, the recommendation was approved in principle and the implementation to be referred to the Executive Secretary.

## d. Action of Council.

Approved action of Planning Committee.

e. *House of Delegates—Action.*

After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.

## X

a. *Recommendation 22* by Mr. Edlund to Survey Committee:

It may be well if it hasn't been done, to study carefully the D. C., The Philadelphia County, and other Scientific programs to see if Med-Chi programs can be improved, publicized more widely, and methods adopted to secure a larger attendance from all parts of the State and to bring about better acquaintance among those who attend.

## b. Action of Survey Committee.

The Committee agreed with these recommendations in principle.

## c. Action of Planning Committee.

No action was taken on this recommendation.

## d. Action of Council.

Approved action of the Survey Committee.

e. *House of Delegates—Action.*

After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.

## XI

a. *Recommendation 23* by Mr. Edlund to Survey Committee:

Take seriously the suggestions about the types of news which would increase the interest in the Journal.

## b. Action of Survey Committee.

It was agreed that this recommendation should be approved in principle. On motion of Dr. Pearce, duly seconded and carried, it was ordered that this Committee reaffirm the importance of continuing the publication of the Maryland State Medical Journal.

## c. Action of Planning Committee.

No action was taken on this recommendation.

## d. Action of Council.

No action on this recommendation.

e. *House of Delegates—Action.*

After discussion, on motion duly seconded and carried, it was ordered that the action of the Survey Committee be approved.

## XII

a. *Recommendation 24* by Mr. Edlund to Survey Committee:

Plan definitely for internal and external public relations. This should include not only such matters as those mentioned

above, but Personal Relations, contacts of all kinds with Component Societies, Health organizations in the State, with State Departments, with Civic agencies, and so on. It is a broad field in which experience is desirable with anyone who handles it, whether it be an Executive Secretary or an additional staff member employed for that particular purpose.

## b. Action of Survey Committee.

It was agreed that this recommendation should be referred to the Planning Committee.

## c. Action of Planning Committee.

No action was taken on this recommendation, until employment of Executive Secretary.

## d. Action of Council.

No action was taken on the recommendation of the Planning Committee.

e. *House of Delegates—Action.*

After discussion, on motion duly seconded and carried, it was ordered that the action of the Planning Committee be approved.

## XIII

a. *Recommendation 25* by Mr. Edlund to Survey Committee:

Aside from every other consideration, housing the Library now and in the future as it grows, is one of the biggest problems underlying the question of what building the Faculty should have. For this reason, if it hasn't been done, I suggest a Commission be appointed to study the Library's future and make recommendations thereon as soon as possible.

## b. Action of Survey Committee.

It was agreed that this recommendation should be referred to the New Building Committee.

## c. Action of Planning Committee.

The Committee also discussed the future of our Library, and on motion duly seconded and carried, it was ordered that the Library Committee and the Faculty Building Committee discuss the matter of the future of the Library and bring back to the Planning Committee their recommendations.

## d. Action of Council.

The Council agreed that a joint Committee consisting of the Building Committee and the Library Committee be asked to study the question of library facilities and the future of the library, and bring their report to the Council with recommendations.

e. *House of Delegates—Action.*

After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.

## XIV

a. *Recommendation 26* by Mr. Edlund to the Survey Committee:

If it has not been done, appoint a Commission to study the basic question—shall we hire a hall when we want it instead of owning our own?

## b. Action of Survey Committee.

It was agreed that this recommendation should be referred to the New Building Committee.

## c. Action of Planning Committee.

Dr. O'Donnell, member of the New Building Committee, discussed the matter of housing for the Faculty, and stated that application has been made for six acres of land in Area 12 upon which to erect a new building for the Faculty including sufficient additional office space for rental so that the Faculty

would obtain approximately 50,000 square feet for its own purposes, rent free. This project, it is estimated, would cost approximately three and one-half to four million dollars.

The possibility of having other professional organizations such as the Engineers Club, Dental Society, etc., join in the project was discussed.

*Motion. Adopted. Contact Professional Societies.*

Dr. O'Donnell's motion was duly seconded and carried to the effect that since we have already applied for land in Area 12 that we now contact other professional societies to determine whether or not they would consider joining with the Faculty in the construction of a building.

d. Action of Council.

The Council agreed that since this matter was disposed of in Recommendation 25 and in the report of the Building Committee, no further action was necessary.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.*

#### XV

a. *Recommendation 27* by Mr. Edlund to the Survey Committee:

If the Committee on Liaison with the State Department is not already doing so, ask it or some other appropriate committee to consider and deal with the problems created by local Health Departments through their encroachments into the field of medical practice. A definition of the proper dividing line between public health and medical practice appears to be needed.

b. Action of Survey Committee.

It was agreed that this recommendation should be put into effect immediately. On motion of Dr. Cross, duly seconded and carried, it was suggested that with regard to Recommendation 27, since it is a fact that we have a Liaison Committee with the State Health Department (Committee to Consult with the State Department of Health) that this Committee should become more active in considering problems that might develop between Component Societies and Health Problems. It was also suggested that Component Societies be asked to file with the Committee any complaints they may have.

c. Action of Planning Committee.

On motion, duly seconded and carried, the recommendation of the Survey Committee was approved.

d. Action of Council.

Approved recommendation of Planning Committee.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.*

#### XVI

a. *Recommendation 28* by Mr. Edlund to the Survey Committee:

If it is not already being done, ask the appropriate Faculty committee or committees to deal with the problems of hospital relationships.

b. Action of Survey Committee.

After discussion it was agreed that action on this recommendation be delayed.

c. Action of Planning Committee.

No action was taken on this recommendation.

d. Action of Council.

No action was deemed necessary at this time because of the Survey now being made by The Hospital Council, Inc.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation contained in the Survey Report be adopted.*

#### XVII

a. *Recommendation 29* by Mr. Edlund to the Survey Committee:

If the Committee to Investigate Group Insurance on a State-Wide Basis is not already doing so, ask it to consider particularly the question of whether a questionnaire to the members of the Faculty concerning types of insurance on which they might like to have arrangements, would be worthwhile.

b. Action of Survey Committee.

It was agreed that this recommendation be referred to the Committee to Investigate Group Insurance on a State-Wide Basis.

c. Action of Planning Committee.

The Committee approved the recommendation of the Survey Committee.

d. Action of Council.

No action necessary.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the Insurance Committee be requested to present a health, accident and malpractice insurance plan on a state-wide basis. This report is to be made at the semi-annual meeting for 1958.*

#### XVIII

(Explanation of Recommendation 30)

Improper use of Welfare Funds. Can the Faculty do something to prevent money being spent in this manner?

a. *Recommendation 30* by Mr. Edlund to the Survey Committee:

If it seems to the Survey Committee appropriate to do so, ask that some study be initiated along the lines indicated in the foregoing.

b. Action of Survey Committee.

It was agreed that no action should be taken on this recommendation.

c. Action of Planning Committee.

On motion, duly seconded and carried, it was ordered that no action be taken on this recommendation since it is beyond the scope of this Committee.

d. Action of Council.

The Council agreed that while the Faculty is interested in the improper use of welfare funds, that this is a matter not within the scope of the Faculty.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.*



## XIX

## (Explanation of Recommendation 31)

In certain sections of Maryland, physicians living in semi-retirement, are reported to take an occasional pay case but refuse to do public or charity work.

## a. Recommendation 31 by Mr. Edlund to Survey Committee:

If it seems to the Survey Committee appropriate, some study might be initiated into this matter.

## b. Action of Survey Committee.

It was agreed that no action should be taken on this recommendation.

## c. Action of Planning Committee.

On motion, duly seconded and carried, it was ordered that no action be taken on this recommendation because it is beyond the scope of this Committee.

## d. Action of Council.

It was agreed that no action is necessary.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Planning Committee be approved.*

*After discussion, on motion duly seconded and carried, it was ordered that a committee be appointed to investigate the problem of physicians in the vicinity of Washington and who are in the government service, practicing in Maryland but who are not available to their patients during the day.*

The meeting then recessed at 1:15 for lunch and reconvened at 2:00 P.M.

## XX

## a. Recommendation 32 by Mr. Edlund to Survey Committee:

Study the California plan (on Committee organization). Ask for information from the other State Societies, and arrive at a modern solution of a problem that is decades old.

## b. Action of Survey Committee.

On motion, duly seconded and carried, it was ordered that this Committee approve the recommendation, and that some realignment of Committees be made, but that final decision not be made until a study of the plans in effect in California and Ohio as well as other States be made by the Executive Secretary.

## c. Action of Planning Committee.

It was agreed that this recommendation should be referred to the Executive Secretary for consideration.

## d. Action of Council.

Approved recommendation of the Planning Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Planning Committee be approved.*

## XXI

## a. Recommendation 33 by Mr. Edlund to the Survey Committee:

Recommend that Council and Committee meetings be held both in Baltimore City and Rural Areas, and in this way Baltimore City members will be going to the Counties as well as County members coming to the City.

## b. Action of Survey Committee.

On motion, duly seconded and carried, it was suggested that

consideration of this recommendation be delayed until the Executive Secretary can make a study of this problem.

## c. Action of Planning Committee.

It was agreed that this recommendation should be referred to the Executive Secretary for consideration.

## d. Action of Council.

Approved action of Planning Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council be approved.*

## XXII

## a. Recommendation 34 by Mr. Edlund to Survey Committee.

Urge the Planning Committee to make sure that each Component Society is represented on the Planning Committee, and that members report back promptly to their County Societies on all Planning Committee discussions and recommendations.

## b. Action of Survey Committee.

It was agreed that this recommendation should be approved.

## c. Action of Planning Committee.

The recommendation of the Survey Committee was approved.

## d. Action of Council.

Approved action of Planning Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Planning Committee be approved.*

## XXIII

## a. Recommendation 35 by Mr. Edlund to Survey Committee:

Consider simplifying and modernizing the Faculty name. In short, consider changing it to something which everyone and not simply the members, can understand.

## b. Action of Survey Committee.

It was agreed that this recommendation should be disapproved.

## c. Action of Planning Committee.

The recommendation of the Survey Committee was approved.

## d. Action of Council.

Approved recommendation of the Planning Committee.

## e. House of Delegates—Action.

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Planning Committee be approved.*

## XXIV

## a. Recommendation 36 by Mr. Edlund to Survey Committee:

If it has not been done, secure and offer for showing at Component Society meetings, the A.M.A. Educational films entitled: "The Doubting Doctor," "Even for One," and others which are in preparation—at least some of which are addressed to doctors concerning the needs for local, State and National organizations.

## b. Action of Survey Committee.

No action by this Committee is necessary since the recommendation has already been approved and is in effect.

## c. Action of Planning Committee.

The recommendation of the Survey Committee was approved.

d. Action of Council.

Approved recommendation of Planning Committee.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Planning Committee be approved.*

#### XXV

a. *Recommendation 37* by Mr. Edlund to Survey Committee:

If it has not been done, secure and send to County Presidents, Secretaries, and Presidents-Elect from time to time A.M.A. leaflets containing suggestions for their use in local public relations, in indoctrinating and interesting young doctors, and other leaflets to assist County Societies in their functions.

b. Action of Survey Committee.

It was agreed that no action should be taken on this recommendation.

c. Action of Planning Committee.

On motion, duly seconded and carried, it was ordered that this recommendation be approved in principle but that no action be taken at this time.

d. Action of Council.

Approved recommendation of Planning Committee.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Council be approved.*

#### XXVI

a. *Recommendation 38* by Mr. Edlund to Survey Committee:

Gradually work in the direction of including AMA dues as an automatic part of the State billings. I emphasize the word "gradually" under present conditions. One of the early steps might be bills combining Faculty and AMA dues in one, even if they are separately labelled.

b. Action of Survey Committee.

On motion, duly seconded and carried, it was suggested that the Planning Committee be asked to give this recommendation favorable consideration.

c. Action of Planning Committee.

On motion, duly seconded and carried, it was ordered that the Component Societies be requested to urge their members to consider the desirability of A.M.A. membership.

d. Action of Council.

Approved recommendation of Planning Committee.

e. *House of Delegates—Action*

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Council be approved.*

#### XXVII

a. *Recommendation 39* by Mr. Edlund to Survey Committee:

Consider amending the Constitution and By-Laws to provide for the Annual Election by the House of Delegates of a Speaker and a Vice-Speaker. The Speaker to have the usual presiding duties of such an officer, and the Vice-Speaker to act when the Speaker is incapacitated or is unavailable

b. Action of Survey Committee.

On motion of Dr. Allan, duly seconded and carried, it was suggested that this recommendation be approved.

c. Action of Planning Committee.

After discussion on motion, duly seconded and carried, it was ordered that the Chairman of the Planning Committee be authorized to appoint a Special Committee to consider this recommendation.

d. Action of Council.

Ordered that this recommendation be referred to the Special Committee appointed to study the procedure for nomination and election of officers of the Faculty.

e. *House of Delegates—Action.*

*After discussion, on motion duly seconded and carried, it was ordered that the recommendation of the Council be approved.*

#### SPEAKER OF THE HOUSE OF DELEGATES

Dr. W. B. Firor discussed a proposal to amend the Constitution and By-Laws providing for the establishment of the office of Speaker of the House of Delegates.

Action—motion adopted.

*After discussion, on motion duly seconded and carried, it was ordered that the action of the Council in recommending that this matter be referred to the Special Committee appointed to Study the Procedure for Nomination and Election of Officers of the Faculty, be approved.*

#### DISCHARGE OF COMMITTEE

Dr. Leo Brady then moved that the House of Delegates extend a vote of thanks to the Survey Committee, the Planning Committee and the Council for their work in connection with the Management Survey.

Action—motion adopted.

*On motion duly seconded and carried, it was so ordered.*

Dr. Charles O'Donnell then moved that with the appointment of an Executive Secretary, the Survey Committee be discharged with thanks.

Action—motion adopted.

*On motion duly seconded and carried, it was so ordered.*

The meeting adjourned at 2:20 P.M.

Respectfully submitted,

EVERETT S. DIGGS, M.D., Secretary

## REPORTS

## To the House of Delegates

## COMMITTEE TO ARRANGE FOR A MANAGEMENT SURVEY OF THE FACULTY AND RECOMMEND AN EXECUTIVE SECRETARY TO COUNCIL

(Appointed by Executive Committee as authorized by House of Delegates, upon recommendation of Planning Committee, May 1957.)

See pages 490-96 of minutes of House of Delegates, Special Meeting, February 26, 1958, for the report of this Committee.

Respectfully submitted,

WALDO B. MOYERS, M.D., *Chairman (Prince George's County)*

WARDE B. ALLAN, M.D. (*Executive Committee*)

JOHN N. CLASSEN, M.D. (*Baltimore City*)

MERRILL M. CROSS, M.D. (*Montgomery County*)

Everett S. DIGGS, M.D. (*Executive Committee*)

\*J. SHELDON EASTLAND, M.D. (*Executive Committee*)

C. REID EDWARDS, M.D. (*Executive Committee*)

WARFIELD M. FIROR, M.D. (*Executive Committee*)

WETHERBEE FORT, M.D. (*Executive Committee*)

THURSTON HARRISON, M.D. (*Eastern Shore*)

A. AUSTIN PEARRE, M.D. (*Western Maryland*)

WILLIAM A. PILLSBURY, JR., M.D. (*Baltimore County*)

HUGH W. WARD, M.D. (*Southern Maryland*)

\*LEO BRADY, M.D. (*Executive Committee*)

\*HOWARD M. BUBERT, M.D. (*Executive Committee*)

## PLANNING COMMITTEE

(Authorized by the House of Delegates, May 1956, and appointed formally June 1956. In conformity with the By-Laws, as of September 1957, the Planning Committee shall consist of the President, Secretary, Treasurer, Chairman of Council, Vice-Chairman of Council, and one Representative elected annually by each Component Society.)

\* Members as of January 1, 1958.

See pages 490-96 of minutes of House of Delegates, Special Meeting, February 26, 1958, for the report of the Planning Committee.

Respectfully submitted,

WARFIELD M. FIROR, M.D. *Chairman*

(*through February 26, 1958*)

CHARLES F. O'DONNELL, M.D., *Chairman*

(*after February 26, 1958*)

JAMES E. ANDREWS, M.D.

MERRILL M. CROSS, M.D. (*through February 26, 1958*)

GEORGE CURRIER, M.D.

LESLIE E. DAUGHERTY, M.D.

A. C. DICK, M.D.

EVERETT S. DIGGS, M.D.

J. SHELDON EASTLAND, M.D.

C. REID EDWARDS, M.D. (*through February 26, 1958*)

W. L. ETIENNE, M.D.

DONALD E. FISHER, M.D.

WETHERBEE FORT, M.D.

MARTIN GROSS, M.D.

J. ROY GUYTHER, M.D.

PHILIP A. INSLEY, M.D.

THURSTON HARRISON, M.D.

J. RALPH HORKY, M.D.

WILLIAM T. JOYCE, M.D. (*after February 26, 1958*)

ROBERT C. KIMBERLY, M.D.

WILLIAM T. LAYMAN, M.D.

WALLACE OBENSHAIN, M.D.

ROBERT A. RILEY, JR., M.D.

NORMAN E. SARTORIUS, JR., M.D.

THEODOR SATTELMAIER, M.D.

JAMES B. THOMAS, M.D.

HUGH W. WARD, M.D.

ROBERT WRIGHT, M.D.

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# ANNUAL MEETING

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## ELECTION OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND GENERAL MEETING

**Thursday, April 17, 1958**

10:40 a.m., Alcazar, Cathedral and Madison Streets

The election for two new members of the Board of Medical Examiners of Maryland was held at 10:40 a.m., Thursday, April 17, 1958. The meeting was called to order by the President, Dr. J. Sheldon Eastland. Tellers were appointed by Dr. Edwards.

Two nominations were introduced from the House of Dele-

gates which nominated Dr. Lewis P. Gundry and Dr. Charles Conrad Zimmerman. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Dr. Lewis P. Gundry, Baltimore (1962) and Dr. Charles Conrad Zimmerman, Cumberland (1962). The Secretary was asked to cast the ballot.

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## *Business Sessions*

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### ANNUAL MEETING—1958

#### CHRONOLOGICAL OUTLINE OF BUSINESS SESSIONS

**COUNCIL**—The Alcazar, Cathedral and Madison Streets

Wednesday, April 16, 1958, 9:00 a.m.

**HOUSE OF DELEGATES**—The Alcazar, Cathedral and Madison Streets

Wednesday, April 16, 1958, 9:30 a.m.

Friday, April 18, 1958, 2:30 p.m.

Luncheon will be served to the members of the Council, House of Delegates, and Chairmen of Committees at 12:30 p.m. on Wednesday, April 16, 1958, at the Sheraton Belvedere Hotel in conjunction with the Woman's Auxiliary Luncheon.

**ELECTION OF BOARD OF MEDICAL EXAMINERS** will take place at the General Meeting at the Alcazar on Thursday, April 17, 1958, 10:40 a.m.

#### Business Sessions

##### COUNCIL

**Wednesday, April 16, 1958, 9:00 A.M.**

The Alcazar, Cathedral and Madison Streets

- I. Call to order. **Leo Brady, M.D., Chairman**
- II. Old Business.
- III. New Business.

##### HOUSE OF DELEGATES

###### *Membership*

The House of Delegates is composed of the delegates of the Component Societies, the Councilors, and the following:  
**J. Sheldon Eastland, President**

**Everett S. Diggs, Secretary**

**Wetherbee Fort, Treasurer**

**C. Reid Edwards, Immediate Past President**

**President-Elect**

**Frank K. Morris, Board of Medical Examiners**

**Robert vanL. Campbell, Delegate to the American Medical Association**

**George H. Yeager, Delegate to the American Medical Association**

**Louis Krause, Chairman, Library Committee**

**Whitmer B. Firor, Chairman, Committee on Constitution and By-Laws**

The meetings of the House of Delegates are open to all members of the Faculty, but the privileges of the floor are for delegates only. If they so desire, members of the House of Delegates may ask the chairmen of the committees for elucidation of their reports.

Resolutions and recommendations are referred to the Resolutions Committee.

The following is quoted from the Constitution and By-Laws, Chapter VIII, Section 9:

"Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. Any such new business shall be presented in writing to the Secretary of the Faculty at least 8 weeks prior to the Annual or Semiannual Meeting whichever happens to be concerned.

All proposed resolutions shall be referred to the Resolutions Committee, which Committee shall present them to the House of Delegates with its recommendations for approval, disapproval or for recommitment to the sponsor for revision with the recommendations of the Resolutions Committee. If the Resolutions Committee approves the principle of a proposed Resolution but not the form of its expression, it shall have the authority



to submit to the sponsor a revision which, if acceptable to the sponsor, may be presented to the House of Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee all recommendations that should be formulated as Resolutions before presentation to the House of Delegates with an expression of opinion by the Council as to the policy involved therein.

When requested by the Presiding Officer of the House of Delegates, the Resolutions Committee shall report to the House of Delegates."

The House of Delegates will meet at the Alcazar, Cathedral and Madison Streets, Baltimore.

### Agenda

for

### HOUSE OF DELEGATES

Wednesday, April 16, 1958, 9:30 A.M.

The Alcazar

Cathedral and Madison Streets

**J. Sheldon Eastland, M.D.,** *President*, Presiding

- I. Call to order.
- II. \* Registration of delegates.
- III. Reports of officers and committees. (The Summary of Reports has been mailed to every member of the House of Delegates.)

### Constitutional

(Committees, etc., set forth in the Constitution and By-Laws.)

1. Secretary.
2. Treasurer.
3. Committee on Finance and Budget.
4. Council.  
Advisory Committee to Woman's Auxiliary—  
Executive Committee of Council.
5. Delegates to the American Medical Association.
6. Board of Medical Examiners.
7. Library Committee and Finney Fund Committee.
8. Committee on Scientific Work and Arrangements.
9. Committee on Constitution and By-Laws.
10. Planning Committee.
11. Professional Conduct Committee.

### Council Appointments

12. Curator.
13. Editor, Maryland State Medical Journal.
14. Representatives from Medical and Chirurgical Faculty on Maryland Joint Committee for Improvement of Care of Patients Sponsored by Maryland-District of Columbia-Delaware Hospital Association.
15. Maryland Medical Service, Inc. and Maryland Hospital Service, Inc.
16. Maryland Medical Service, Inc., Board of Trustees.
17. Memoir Appointee.
18. Representatives on Advisory Committee on Adoption of State Department of Welfare.

19. Medical Advisory Committee on Vocational Rehabilitation.

### Continuing Committees

(Committees appointed by the President unless otherwise designated. Many of these committees are appointed in accordance with specifications that designate personnel.)

20. Liaison Committee on Accreditation of Hospitals.
21. Committee to Cooperate with American Medical Education Foundation.
22. Committee on Diabetes.
23. Geriatrics Committee.
24. Legislative Committee.
25. Maternal and Child Welfare Committee.
26. Joint Committee with the Bar Associations on Medicolegal Problems.
27. Mental Hygiene Committee.
28. Committee on National Emergency Medical Service.
29. New Building Committee.
30. Committee for the Study of Pelvic Cancer.
31. Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association.
32. Rural Health Committee.
33. Advisory Committee to State Accident Fund.
34. Advisory Committee to Consult with the State Department of Health.
35. Tuberculosis Committee.
36. Committee on Veterans' Medical Care.
37. Medical Advisory Committee to Bureau of Old Age and Survivors Insurance.

### Special Committees

(Appointed by the House of Delegates, Council, Executive Committee or current President to study a special problem. Only change of personnel to be at the request of the Committee as a whole. Committee discharged when specific study is completed.)

38. Committee on Asian Influenza.
39. Committee to Arrange Memorial to Dr. Charles R. Austrian.
40. Committee on Prevention of Automotive Highway Disasters.
41. Committee to Arrange for a Management Survey of Faculty and Recommend an Executive Secretary to Council.
42. Committee to Investigate Group Insurance on a State-Wide Basis.
43. Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board.
44. Committee to Review Proposed Regulations on Hospital Licensing.
45. Committee to Confer with Insurance Carriers in Regard to Problem of Specialties—Radiology, Pathology, Anesthesiology.
46. Joint Committee to Consult with Labor Leaders of Maryland.

47. Medical Advisory Committee for the Medicare Program.
  48. Committee to Recommend Improvements in Present Nomination and Election Procedures.
  49. Central Coordinating Committee on Polio Vaccine.
  50. Committee on Public Instruction.
  51. Committee to Consider Relationship between Hospitals and Specialties and the Manner of Payment for Professional Services.
  52. Committee Regarding Union Sponsored Clinic for Employees of Glenn L. Martin Company.
- IV. Report of Nominating Committee.  
Nominations of officers, councilors, delegates to American Medical Association, and committees; and recommendations to General Meeting for the Board of Medical Examiners. (See "Nominations," page viii.)
- V. The World Medical Association as a Force for Freedom in Medicine. Louis H. Bauer, M.D., Secretary-General of the World Medical Association.

### Agenda for

HOUSE OF DELEGATES  
Friday, April 18, 1958, 2:30 P.M.  
The Alcazar  
Cathedral and Madison Streets

J. Sheldon Eastland, M.D., President, Presiding

- I. Call to order.
- II. Registration of delegates.
- III. Election of Officers.
- IV. Committee on Constitution and By-Laws.
- V. Resolutions Committee.
- VI. Unfinished business.
- VII. New business.

### ELECTION OF THE BOARD OF MEDICAL EXAMINERS

Thursday, April 17, 1958, 10:40 A.M.  
General Meeting, The Alcazar

## ANNUAL MEETING<sup>1</sup>

### HOUSE OF DELEGATES

*The Alcazar, Cathedral and Madison Streets, Baltimore*

#### MINUTES OF THE 225th MEETING<sup>2</sup>

Wednesday, April 16, 1958

The 225th meeting of the House of Delegates of the Medical and Chirurgical Faculty was called to order by the President, Dr. J. Sheldon Eastland at 10:15 a.m. on Wednesday, April 16, 1958, at the Alcazar in Baltimore, Md.

The following delegates registered: Manning N. Alden, Anne Arundel County; Walter A. Anderson, Baltimore City; John G. Ball, Montgomery County; Philip J. Bean, St. Mary's County; Robert A. Bier, Montgomery County; J. W. Bird, Montgomery County; Francis J. Borges, Baltimore City; Helen Bowie, Baltimore City; M. McKendree Boyer, Montgomery County; Leo Brady, Council; A. T. Brice, Council; Ernest C. Brown, Jr., Baltimore City; H. M. Bubert, Council; Albert E. Bunker, Dorchester County; R. vL Campbell, Council; Osborne D. Christensen, Wicomico County; Archie R. Cohen, Washington County; Ernest I. Cornbrooks, Jr., Baltimore City; L. E. Daugherty, Council; Melvin B. Davis, Baltimore County; Everett S. Diggs, Secretary; E. W. Ditto,

Jr., Council; R. C. Dodson, Cecil County; J. S. Eastland, President; W. L. Etienne, Prince George's County; Robert W. Farr, Kent County; W. B. Firor, Council; R. S. Fisher, Council; Wetherbee Fort, Treasurer; David J. Gilmore, Council; A. E. Golstein, Council; R. W. Graham, Jr., Council; William E. Grose, Baltimore City; William B. Hagan, Prince George's County; John S. Haines, Baltimore City; J. C. Handelsman, Baltimore City; Thurston Harrison, Talbot County; Ralph G. Hills, Council; R. Donald Jandorf, Baltimore City; Page C. Jett, Calvert County; Walter L. Kilby, Baltimore City; H. F. Kinnamon, Council; George A. Knipp, Baltimore City; Louis Krause, Council; Robert C. LaMar, Worcester County; C. Rodney Layton, Queen Anne's County; C. Edward Leach, Baltimore City; William D. Lynn, Baltimore City; John G. Lyons, Anne Arundel County; Howard B. Mays, Baltimore City; James N. McCosh, Baltimore City; R. S. McVaugh, Carroll County; Donald W. Mintzer, Baltimore City; Samuel Morrison, Baltimore City; W. B. Moyers, Council; C. F. O'Donnell, Council; Moses Paulson, Baltimore City; Wm. F. Pearce, Baltimore City; M. D. Phillips, Harford County; Wm. Pillsbury, Jr., Baltimore County; John O. Rolben, Montgomery County; R. C. Robinson, Baltimore City; A. B. Rohrbraugh, Jr., Montgomery County; L. R. Schoolman, Frederick County; E. R. Shipley, Baltimore City; Theodore R. Shrop, Howard County; Arthur G. Siwinski, Baltimore City; Edward Stinson, Jr., Baltimore City; Douglas H. Stone, Baltimore City; J. F. Supplee, III, Baltimore City; R. C. Tilghman, Council; Hilda Jane Walters, Allegany-Garrett County; Henry C. Welcome, Baltimore City; Chas. A. Wina-

<sup>1</sup> See August 1958 Maryland State Medical Journal (Transactions, Part I) for the Harvey Grant Beck Memorial Lecture-ship, "Problems of Peptic Ulcer" presented by Sara M. Jordan, M.D.

<sup>2</sup> Key for minutes: "Caps" for recommendations and resolutions that are adopted. "Caps" and "small caps" for recommendations that are *not* adopted. "Italics" for motions which are adopted.

cott, Caroline County; Hans Wodak, Prince George's County; Robert B. Wright, Baltimore City; A. Dougal Young, Baltimore City; and Richard A. Young, Washington County.

#### ADOPTION OF MINUTES

The minutes of the Semiannual meeting held September 20, 1957, and of the special meeting held February 26, 1958 having been mailed to the members were not read. There being no corrections, the minutes of the two meetings above noted were approved as distributed.

#### COMMITTEE REPORTS<sup>1</sup>

The President, Dr. J. Sheldon Eastland, stated that Committee Reports (see pages 501-502, for motion for adoption and list of Committees) as contained in the Summary of Reports and Recommendations of Reports of Officers and Chairmen of Committees, which Summary has been distributed to the members, do not contain recommendations.

#### SECRETARY (Page 515.)

*The Report of the Secretary was submitted by Dr. Diggs and accepted.*

#### TREASURER (Page 515.)

The Treasurer of the Faculty, Dr. Wetherbee Fort, stated that copies of the Treasurer's Report for the fiscal year 1957 have been distributed. With reference to 1958, it has not been possible to compile a budget because agreement has not been reached with the Baltimore City Medical Society with reference to the amount that organization will pay for services and use of the facilities furnished by the Faculty. The Baltimore City Medical Society has approved an assessment of \$8.00 per member towards this purpose for the year 1958. The Council had previously approved the projection of the 1957 budget to 1958 until an agreement is reached with the Baltimore City Medical Society. (The report of the Committee on Finance and Budget is included in Dr. Fort's report.)

*Action. Motion adopted.*

*On motion of Dr. Cornbrooks, duly seconded and carried, it was ordered that the Report of the Treasurer be accepted.*

#### COMMITTEE TO ARRANGE A MEMORIAL TO DR. CHARLES R. AUSTRIAN.

Dr. Alan M. Chesney, Chairman of the Committee to Arrange a Memorial to Dr. Charles R. Austrian, reported that arrangements have been made with the Council of the Faculty for the purchase of books for the Library in the amount of \$1,000.00 as a memorial for Dr. Austrian, and the purchase by the Faculty of a suitable book-plate from a drawing prepared by Mrs. Austrian. The book-plate is to be placed in the books purchased in memory of Dr. Austrian.

<sup>1</sup> A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Wednesday, April 16, 1958.

#### COMMITTEE TO ARRANGE FOR A MANAGEMENT SURVEY OF THE FACULTY AND RECOMMEND AN EXECUTIVE SECRETARY TO THE COUNCIL FOR APPOINTMENT (Page 545.)

Dr. Waldo B. Moyers, presented the report of the Committee to Arrange for a Management Survey of the Faculty and Recommend an Executive Secretary to the Council for Appointment. Dr. Moyers stated that the Management Survey report was presented to the House of Delegates at a Special Meeting on February 26th, and the recommendations included therein were discussed and disposition made of the same.

#### COMMITTEE TO CONSULT WITH LABOR LEADERS. (Page 548.)

The President presented the report of Dr. Warfield M. Firor, Chairman of the Committee to Consult with Labor Leaders. Dr. Firor was unable to attend the meeting of the House of Delegates because of absence from the City.

The President announced that the report of the Committee to Recommend Improvements in the Procedure in Nominations and Elections of Officers will be included in the report of the Committee on Constitution and By-Laws.

*Action. Adoption of Reports.*

*After discussion, on motion of Dr. Cornbrooks, seconded by Dr. Fort and unanimously carried, it was ordered that Reports of the following Committees be accepted:*

Secretary<sup>1</sup> (Pages 515 and 516.)

Treasurer (Page 515.)

Committee on Finance and Budget (Page 515.)

Advisory Committee to the Woman's Auxiliary (Page 563.)

Delegates to the American Medical Association (Page 526.)

Board of Medical Examiners (Page 527.)

Library Committee and Finney Fund Committee (Page 529.)

Committee on Scientific Work and Arrangements (Page 531.)

Planning Committee (Page 556.)

Professional Conduct Committee (Page 557.)

Curator (Not appointed)

Editor, Maryland State Medical Journal (Page 551.)

Representatives from Medical and Chirurgical Faculty on Maryland Joint Committee for Improvement of Care of Patients Sponsored by Maryland-District of Columbia-Delaware Hospital Association. (Page 546.)

Maryland Medical Service, Inc. and Maryland Hospital Service, Inc. (Page 550.)

Maryland Medical Service, Inc., Board of Trustees (Page 550.)

Memoir Appointee (Report submitted to General Meeting.) (Page 553.)

Representative on Advisory Committee on Adoption of State Department of Welfare (Page 538.)

Medical Advisory Committee on Vocational Rehabilitation (Page 563.)

Liaison Committee on Accreditation of Hospitals (Page 538.)

Committee to Cooperate with American Medical Education Foundation (Page 538.)

<sup>1</sup> The complete report is on the indicated page.

Geriatrics Committee (Page 545.)  
 Legislative Committee (Page 549.)  
 Maternal and Child Welfare Committee (Page 551.)  
 Joint Committee with the Bar Associations on Medicolegal Problems (Page 552.)  
 Mental Hygiene Committee (Page 554.)  
 Committee on National Emergency Medical Service (Page 554.)  
 New Building Committee (Page 554.)  
 Committee for the Study of Pelvic Cancer (Page 555.)  
 Committee to Study Problems of Mutual Interest to Medical and Chirurgical Faculty and Maryland Pharmaceutical Association (Page 556.)  
 Committee on Rural Health (Page 559.)  
 Advisory Committee to State Accident Fund (Page 560.)  
 Advisory Committee to Consult with the State Department of Health (Page 560.)  
 Committee on Asian Influenza (Page 538.)  
 Committee to Arrange Memorial to Dr. Charles R. Austrian (Page 539.)  
 Committee on Prevention of Automotive Highway Disasters (Page 539.)  
 Committee to Arrange for a Management Survey of Faculty and Recommend an Executive Secretary to Council (Page 545.)  
 Committee to Investigate Group Insurance on a State-Wide Basis (Page 546.)  
 Committee to Review Proposed Regulations on Hospital Licensing (Page 546.)  
 Joint Committee to Consult with Labor Leaders of Maryland (Page 548.)  
 Medical Advisory Committee for the Medicare Program (Page 551.)  
 Committee to Recommend Improvements in Present Nomination and Election Procedures (Page 555.)  
 Committee on Public Instruction (Page 557.)  
 Committee to Consider Relationship Between Hospitals and Specialties and the Manner of Payment for Professional Services (Page 557.)  
 Committee Regarding Union Sponsored Clinic for Employees of Glenn L. Martin Company (Page 562.)  
 The Council report was also adopted. (Page 524.)

#### **COUNCIL (Page 524.)**

Dr. Leo Brady, Chairman, presented the Report of the Council for the year 1957 for D. W. M. Firor who served as chairman for 1957; and from January 1 to date, for 1958.

THE COUNCIL RECOMMENDS THE FOLLOWING MEMBERS FOR THE CLASSIFICATION OF "EMERITUS MEMBERSHIP:"

ALLEGANY-GARRETT COUNTY: DR. WINTER H. FRANTZ.

ANNE ARUNDEL COUNTY: DR. J. LEROY WRIGHT.

BALTIMORE CITY: DR. ERNEST S. CROSS, DR. ARTHUR J. DAVIS, DR. SAHLER M. GREENBERG, DR. J. MASON HUNDLEY, DR. LLOYD W. KETRON.

BALTIMORE COUNTY: DR. WALTER M. HAMMETT.

PRINCE GEORGE'S COUNTY: DR. Z. M. BRADY.  
 WASHINGTON COUNTY: DR. O. H. BINKLEY.

*Action. Motion adopted.*

*After discussion, on motion of Dr. O'Donnell, duly seconded and carried, it was ordered that the above listed members be given the classification of "Emeritus Member."*

*State Department of Health—Health Service for Their Employees.*

Dr. Brady also reported to the House as a matter of information, that the State Department of Health drew up a plan for health services for approximately 2000 State employees who will be housed in the new State Office Building being constructed in Area 12. The proposed program was a detailed health plan. Dr. Perry Prather, Director of the State Department of Health, advised our Committee to Consult with the State Board of Health, Dr. C. Reid Edwards, Chairman, that what the Department wanted was a First Aid Station. Dr. Edwards' Committee agreed with this proposal but the plan as drawn went far beyond a First Aid Station. At a joint meeting between the Faculty Committee, the Executive Committee and representatives of the State Department of Health, the Faculty's position of disapproval of the program was made definite. The plan has not been approved by the State Board of Health and its implementation is not likely at this time because no space has been allotted for this purpose, in the new State Office Building. (This was presented as information and is also in Dr. Brady's report for the Council. Page 525.)

#### **COMMITTEE ON CONSTITUTION AND BY-LAWS**

(Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.)

The President stated that there are two reports from the Committee on Constitution and By-Laws: the report of the 1957 Committee of which Dr. W. Houston Toulson was Chairman, and the 1958 report of which Dr. Whitmer B. Firor is Chairman. Dr. Firor will submit both reports.

#### **1957 Report (Page 539.)**

The amendments to the Constitution submitted by the 1957 Committee were discussed previously by the House of Delegates and laid over for final action at this meeting. The following actions were taken:

*Action. Motion adopted.*

*On motion of Dr. Cornbrooks, seconded by Dr. O'Donnell, and unanimously carried, it was ordered that the following amendment to Article VI, Section 3, of the Constitution be adopted:*

#### **Constitution**

##### **Article VI. Council. Section 3.**

It is authorized annually to select (one of) FROM its (members to serve as the Chairman) MEMBERSHIP A CHAIRMAN AND A VICE-CHAIRMAN of the Council. No Councilor shall be elected as a Delegate to the House of Delegates.

*Action. Motion adopted.*

*On motion of Dr. O'Donnell, seconded by Dr. Harrison and unanimously carried, it was ordered that the following amendment to the Constitution, Article VIII, Section 1, be adopted:*

Constitution. Article VIII. Sessions and Meetings. Section 1.



The Annual Meeting of the Faculty shall be held at a place and time (the time) to be designated. . . . No change in the remainder of this Section.

The following amendment to Article XI, Section 3, was presented:

Constitution. Article XI. Funds and expenses. Section 3.

Control of funds, investments and expenditures of the Faculty shall be vested in a (Finance Committee) COMMITTEE ON FINANCE AND BUDGET. The (Finance) Committee on FINANCE AND BUDGET shall consist of (five—5) EIGHT—8 members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, the Secretary and (two) FOUR—4 ADDITIONAL members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the (Finance) Committee ON FINANCE AND BUDGET.

IT SHALL BE THE DUTY OF THE COMMITTEE ON FINANCE AND BUDGET TO ACT FOR THE HOUSE OF DELEGATES AND FOR THE COUNCIL.

IT SHALL ALSO BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

Action.

A motion was made by Dr. Fort and seconded by Dr. Moyers that the amendment be adopted.

Dr. John G. Ball, of Montgomery County, proposed two amendments, as follows:

1. "One of the members appointed shall be chairman of the Planning Committee.
2. In addition to the Council, the budget shall be presented to the House of Delegates."

Action. Amendment to amend defeated. Amendment adopted.

Attention was called to the fact that the adoption of either or both amendments would delay final action for one year.

The motion to adopt these two amendments was then defeated, and on motion, duly seconded and carried, it was ordered that the amendment as proposed by the Committee on Constitution and By-Laws be adopted.

Motion to amend, at Annual Meeting 1959, Article XI, Section 3.

Dr. Ball then moved that the following two amendments be considered for adoption at the next Annual Meeting:

1. "One of the members appointed shall be Chairman of the Planning Committee.
2. In addition to the Council, the budget shall be presented to the House of Delegates."

The motion was seconded by Dr. Walter Graham and carried.

1958 Report (Page 540.)

Dr. Firor then submitted the report of the 1958 Committee on Constitution and By-Laws stating that the proposed amendments to the Constitution are being submitted for discussion at this time but final action will be delayed until

the 1959 Annual Meeting. Changes in the By-Laws however are being submitted today and can be acted upon finally at the next meeting of the House of Delegates which will be held on Friday, April 18th. The proposed changes in the Constitution and By-Laws are as follows:

Article V. House of Delegates. Section 1. (Line 4.)

The House of Delegates shall be the legislative and business body of the Faculty. It shall elect -1- all the officers and -2- the delegates to the American Medical Association (, with the exception of the Board of Medical Examiners).

Article VI. Council. Section 1 (Lines 5 and 6).

..... Between the meeting of the House of Delegates, it shall have full authority and power to perform all acts and to transact all business for and on behalf of the Faculty, and to (manage and conduct all the property, affairs) MANAGE ALL THE PROPERTY, AND CONDUCT ALL THE AFFAIRS, work and activities of the Faculty.

Article VII. Officers. Section 1. (Begins with line 4.)

The officers of this Faculty shall be a President, three -3- Vice-Presidents, a Secretary, a Treasurer, and fifteen -15- Councilors (who shall be chosen as follows: two from the Western Shore, outside of Baltimore City, and eight from Baltimore City). FOR THE ELECTION OF COUNCILORS OF THE FACULTY, THE STATE SHALL BE DIVIDED INTO FOUR -4- DISTRICTS, WHICH ARE DESIGNATED, WESTERN, EASTERN, CENTRAL AND SOUTHERN.

THE COMPONENT SOCIETIES WHICH CONSTITUTE EACH DISTRICT ARE AS FOLLOWS:

1. WESTERN DISTRICT: ALLEGANY COUNTY, GARRETT COUNTY, WASHINGTON COUNTY, FREDERICK COUNTY AND CARROLL COUNTY.

2. EASTERN DISTRICT: CECIL COUNTY, SOMERSET COUNTY, DORCHESTER COUNTY, WORCESTER COUNTY, WICOMICO COUNTY, CAROLINE COUNTY, KENT COUNTY, TALBOT COUNTY AND QUEEN ANNE'S COUNTY.

3. CENTRAL DISTRICT: BALTIMORE CITY, BALTIMORE COUNTY, ANNE ARUNDEL COUNTY, HOWARD COUNTY AND HARFORD COUNTY.

4. SOUTHERN DISTRICT: CHARLES COUNTY, PRINCE GEORGE'S COUNTY, MONTGOMERY COUNTY, CALVERT COUNTY AND ST. MARY'S COUNTY.

THE COUNCILORS SHALL BE SELECTED AS FOLLOWS: NINE -9- MEMBERS FROM THE CENTRAL DISTRICT AND TWO -2- FROM EACH OF THE OTHER THREE -3- DISTRICTS. THE NINE COUNCILORS FROM THE CENTRAL DISTRICT SHALL INCLUDE SEVEN -7- FROM BALTIMORE CITY AND ONE -1- FROM EITHER HARFORD OR BALTIMORE COUNTY AND ONE -1- FROM EITHER ANNE ARUNDEL COUNTY OR HOWARD COUNTY.

Considerable discussion ensued as to the allocation of certain Counties to the districts above enumerated with particular reference to a classification based on populations.

Dr. Page Jett offered an amendment to the effect that the districts be re-studied in order to give a more equitable distribution of representation according to population.

After discussion, the motion was withdrawn.

Article VII. Officers. Section 4.

The terms of all officers (except the Board of Medical Examiners for Maryland shall begin on January 1st following their election) SHALL BEGIN AT THE CONCLUSION OF THE ANNUAL MEETING—1- YEAR AFTER THEIR ELECTION. (The term of the Medical Examiners shall begin the first Tuesday in June following their election as provided by the laws of the State of Maryland.)

ARTICLE VIII. BOARD OF MEDICAL EXAMINERS.  
SECTION 1. (NEW ARTICLE)

THE BOARD OF MEDICAL EXAMINERS SHALL BE ELECTED AS PROVIDED FOR IN CHAPTER VI OF THE BY-LAWS, AND THEIR TERMS OF OFFICE SHALL BEGIN THE FIRST TUESDAY IN JUNE FOLLOWING THEIR ELECTION AS PROVIDED BY THE LAWS OF THE STATE OF MARYLAND.

AMEND ARTICLE VIII TO ARTICLE IX.

AMEND ARTICLE X TO ARTICLE XI.

AMEND ARTICLE XI TO ARTICLE XII.

AMEND ARTICLE XII TO ARTICLE XIII.

AMEND ARTICLE XIII TO ARTICLE XIV.

AMEND ARTICLE XIV TO ARTICLE XV.

*Amendments to By-laws*

The following amendments to the By-Laws were submitted, action on which can be taken at the meeting on Friday, April 18, 1958:

Chapter V. Election of Officers. Section 1.

All officers are to be nominated and elected by the House of Delegates (except those officers comprising the Board of Medical Examiners of Maryland. These Medical Examiners are to be elected by the entire Faculty at the Annual Meeting).

Chapter VI. NOMINATION AND ELECTION OF BOARD OF MEDICAL EXAMINERS.

The members of the Board of Medical Examiners of Maryland shall be nominated at the first meeting of the House of Delegates and presented to the entire Faculty at the regular Annual Meeting. Additional nominations for the Board of Medical Examiners may be made from the floor at the General Meeting just preceding the election. Such members nominated for the State Board of Medical Examiners shall be voted upon at one of the General Meetings during the Annual Meeting.

ALL CHAPTERS FOLLOWING VI WILL BE AMENDED AS FOLLOWS:

CHAPTER VI. *Duties of Officers* will be CHAPTER VII.

CHAPTER VII. *The Council* will be CHAPTER VIII.

CHAPTER VIII. *Standing Committees* will be CHAPTER IX.

CHAPTER IX. *Component Societies* will be CHAPTER X.

CHAPTER X. *Miscellaneous* will be CHAPTER XI.

CHAPTER XI. *Amendments* will be CHAPTER XII.

Chapter VI. Duties of Officers. Section 4. Assistant Secretaries.

The Secretary may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Reporting Secretary. The tenure of office of those appointees (to) WILL be at the pleasure of the Secretary.

Chapter VII. The Council. Section 1.

The Council shall meet on the day . . . It shall elect a

Chairman and a Vice-Chairman from its own membership ANNUALLY . . .

Chapter VII. The Council. Section 3.

(Each Councilor shall be organizer and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist. He shall make an annual report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates when requested by the Council.) THE CHAIRMAN OF THE COUNCIL SHALL ASSIGN TO THE COMPONENT SOCIETIES, MEMBERS OF THE COUNCIL WHO SHALL BE AVAILABLE TO ADVISE AND CONSULT WITH THE COMPONENT SOCIETIES, AND SHALL VISIT SAID COMPONENT SOCIETIES AT LEAST ONCE A YEAR. THE COUNCILORS SO ASSIGNED SHALL MAKE TO THE COUNCIL ANNUAL REPORTS OF THE CONDITIONS OF THE PROFESSION IN SAID SOCIETIES.

Chapter VII.

DELETE SECTION 4. (The Council shall be the Board of Censors of the Faculty through the Professional Conduct Committee. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to the Faculty. All questions of an ethical nature brought before the House of Delegates, or the General Meeting, shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.)

Chapter VII.

SECTION 5 BECOMES SECTION 4.

SECTION 6 BECOMES SECTION 5.

SECTION 7 BECOMES SECTION 6.

SECTION 8 BECOMES SECTION 7.

SECTION 9 BECOMES SECTION 8.

THERE WILL NOT BE A SECTION 9 AS IT HAS BECOME SECTION 8.

Chapter VIII. Standing Committees. Section 1.

The Standing Committees which are to be elected by the House of Delegates are as follows: Committee on Scientific Work and Arrangements, Library Committee (,) AND Finney Fund Committee.

Chapter VIII. Nominating Committee. Section 5 (page 542).

The Nominating Committee shall consist of (the two most recent living Past Presidents, the Senior of whom shall be the Chairman, and three members to be elected by the House of Delegates at the Semiannual Meeting) FIVE—5— MEMBERS. THE IMMEDIATE PAST PRESIDENT SHALL BE THE CHAIRMAN AND THE PRESIDENT SHALL APPOINT ONE MEMBER FROM EACH OF THE FOUR DISTRICTS. NO MEMBER OF THE NOMINATING COMMITTEE MAY SERVE MORE OFTEN THAN EVERY FIVE—5— YEARS UNLESS DEATH OR RESIGNATION MAKES NECESSARY THE IMMEDIATELY PRECEDING PAST PRESIDENT SERVING AGAIN.

Dr. Firor said this By-Law is affected by the proposed Constitutional Amendment—Article VII, Section 1 (page 542).

and therefore the Delegates will not be able to vote on this amendment on Friday.

Chapter VIII. *Professional Conduct Committee. Section 8.* (Paragraph one is unchanged) (page 542).

This Committee shall consist of the five living immediate Past Presidents of the Medical and Chirurgical Faculty and the Chairman of the Council with the Senior Past President as Chairman of the Committee. (The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and report periodically as to their disposition to the Council of the Faculty.) THE PURPOSES AND FUNCTIONS OF THIS COMMITTEE SHALL BE TO HEAR AND DETERMINE ANY AND ALL GRIEVANCES OR COMPLAINTS INVOLVING OR GROWING OUT OF THE PRACTICE OF MEDICINE, AS HEREINAFTER SET FORTH.

a. *EXCLUSIVE JURISDICTION*—THE COMMITTEE SHALL HAVE EXCLUSIVE JURISDICTION TO HEAR AND DETERMINE:

1. ANY AND ALL GRIEVANCES OR COMPLAINTS AFFECTING OR INVOLVING THE PRACTICE OF MEDICINE THROUGHOUT THE STATE, OR IN MORE THAN ONE COUNTY OF THE STATE;
2. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY MEMBER OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AGAINST THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND;
3. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY COMPONENT SOCIETY AGAINST THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND;

b. *CONCURRENT JURISDICTION*—THE COMMITTEE SHALL HAVE CONCURRENT JURISDICTION TO HEAR AND DETERMINE:

1. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY PATIENT OR PERSON AGAINST ANY MEMBER OF A COMPONENT SOCIETY;
2. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY MEMBER OF A COMPONENT SOCIETY AGAINST A MEMBER OF A COMPONENT SOCIETY.

THE GRIEVANCES AND COMPLAINTS SET FORTH IN THIS SUBPARAGRAPH -b- OF SECTION -8- SHALL BE HEARD BY THE COMPONENT SOCIETY UNLESS THE COMPONENT SOCIETY REFUSES TO HEAR SUCH GRIEVANCES OR COMPLAINTS AND REQUESTS THE COMMITTEE TO HEAR THE SAME.

*HEARINGS*—ALL COMPLAINTS OR GRIEVANCES MUST BE IN WRITING AND MUST BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY. UPON RECEIPT OF A COMPLAINT OR GRIEVANCE, THE COMMITTEE MAY HOLD A HEARING ON SAID COMPLAINT OR GRIEVANCE. BEFORE OR AFTER ANY HEARING, THE COMMITTEE MAY MAKE SUCH INVESTIGATION AS THE MAJORITY OF THE COMMITTEE DEEMS PROPER, NECESSARY OR EXPEDIENT. ALL FACTS ASCERTAINED BY THE COMMITTEE THROUGH ITS OWN INVESTIGATION, AND NOT

PRESENTED AT THE HEARING SHALL BE BROUGHT TO THE ATTENTION OF THE PARTIES TO THE COMPLAINT, AND SUCH PARTIES SHALL HAVE A REASONABLE TIME OR OPPORTUNITY TO ANSWER THE SAME. ALL HEARINGS SHALL BE INFORMAL IN NATURE AND SUBJECT TO SUCH RULES AND REGULATIONS AS MAY BE DETERMINED BY THE COMMITTEE. ALL PARTIES, AS WELL AS THE COMMITTEE, MAY BE REPRESENTED BY COUNSEL.

*RECOMMENDATIONS AND FINDINGS*—AT THE CONCLUSION OF THE ENTIRE MATTER, THE COMMITTEE SHALL MAKE SUCH FINDINGS AND RECOMMENDATIONS IN EACH CASE AS THE COMMITTEE DEEMS PROPER. THE COMMITTEE SHALL FILE ITS FINDINGS AND RECOMMENDATIONS WITH THE COUNCIL. THE COUNCIL SHALL FORWARD A COPY OF THE FINAL DISPOSITION TO ALL PARTIES TO THE COMPLAINT. THE COMMITTEE, WITHOUT MAKING ANY FINDINGS, MAY FILE A REPORT WITH THE RECOMMENDATION THAT THE ENTIRE MATTER BE BROUGHT TO THE ATTENTION OF THE BOARD OF MEDICAL EXAMINERS. AFTER THE MATTER HAS BEEN CONSIDERED BY THE BOARD OF MEDICAL EXAMINERS, THE COMMITTEE MAY MAKE SUCH FINDINGS AND FURTHER RECOMMENDATIONS AS IT DEEMS PROPER.

*APPEALS*—ANY PARTY AGGRIEVED BY THE FINDINGS OR RECOMMENDATIONS OF THE COMMITTEE MAY, WITHIN FIFTEEN -15- DAYS, ENTER AN APPEAL TO THE COUNCIL. ALL APPEALS SHALL BE IN WRITING AND SHALL BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY. ALL APPEALS SHALL BE HEARD ON THE RECORD, BUT EITHER PARTY SHALL HAVE AN OPPORTUNITY TO OFFER NEWLY DISCOVERED EVIDENCE ON THE APPEAL.

ANY PARTY AGGRIEVED BY AN ACTION OF A COMPONENT SOCIETY MAY APPEAL TO THE COMMITTEE, AND FROM THE COMMITTEE TO THE COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. ALL APPEALS SHALL BE IN WRITING AND SHALL BE FILED WITHIN FIFTEEN -15- DAYS AFTER A FINAL FINDING OR RECOMMENDATION. ALL APPEALS SHALL BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY.

THE COUNCIL SHALL HAVE THE RIGHT TO MODIFY ALL RECOMMENDATIONS AND FINDINGS MADE BY THE PROFESSIONAL CONDUCT COMMITTEE, AND THE PROFESSIONAL CONDUCT COMMITTEE SHALL HAVE THE RIGHT TO MODIFY ALL RECOMMENDATIONS AND FINDINGS MADE BY A COMPONENT SOCIETY.

*Action. Motion adopted.*

After discussion, on motion duly seconded and carried, it was ordered that under the Heading of "Appeals" the time for filing appeals be increased from 15 to 30 days.

Chapter IX. Component Societies. Election of Delegates. Section 7.

At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to



represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty ACTIVE members IN GOOD STANDING or major portion thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Session.

**Resolutions:**

Dr. Firor then submitted the following resolutions on which final action will be taken at the next meeting of the House of Delegates on Friday, April 18, 1958:

**Resolution 1**

Procedure for Incumbent Officers, etc., to serve until the Annual Meeting in 1959

RESOLVED, that the President, three Vice-Presidents, Secretary, Treasurer, the Councilors, the members of the Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee whose terms expire at the end of 1958 will continue to serve in their official capacity until the conclusion of the Annual Meeting, 1959,

RESOLVED, that the President, three Vice-Presidents, Secretary, Treasurer, the Councilors, the members of the Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee, who are elected at this Annual Meeting (April, 1958) will assume office at the conclusion of the Annual Meeting in 1959.

**Resolution 2**

Procedure for appointment of Nominating Committee for this year

RESOLVED, that the 1958 Nominating Committee shall be appointed as provided in the amendment presented in the report of April 1958 of the Committee on Constitution and By-Laws, *Chapter IX, Section 5*, which reads as follows: "The Nominating Committee shall consist of five (5) members. The Immediate Past President shall be the Chairman and the President shall appoint one member from each of the four districts. No member of the Nominating Committee may serve more often than every five (5) years unless death or resignation makes necessary the immediately preceding Past President serving more often."

**SUPPLEMENTAL REPORT FOR NEW BUILDING COMMITTEE**

The President then asked Dr. Walter Graham to supplement the report of the Building Committee which report was given by Dr. Albert E. Goldstein and appears on Page 24 of the Summary of Reports, attached.

Dr. Graham called attention to the plans for the development of Charles Center and stated that this project emphasizes the desirability of the Medical and Chirurgical Faculty seeking land for a new building in Area 12. Dr. Graham stated he did not think it financially feasible for the Faculty to undertake a building program of its own. The land in Area 12 has cost to procure, raze buildings and clear building sites the sum of \$166,000,000.00 dollars per acre of which the Federal government pays two-thirds and the City of Baltimore one-third. Dr. Graham suggested a new building for the Faculty plus one for rental purposes. The entire matter,

however, must await decision on our application for six acres of land, which application has been filed with the proper public authority.

**REPORT OF NOMINATING COMMITTEE. (Page 555.)**

In the absence of Dr. George H. Yeager, Chairman of the Nominating Committee, Dr. Merrill M. Cross, Montgomery County, submitted the report of the Nominating Committee as follows:

**President**

LESLIE E. DAUGHERTY, Cumberland

**Vice-Presidents**

ROBERT W. FARR, Chestertown

PAGE C. JETT, Prince Frederick

SAMUEL MORRISON, Baltimore

**Secretary**

WILLIAM CARL EBELING, Baltimore

**Treasurer**

WETHERBEE FORT, Baltimore

**Councilors**

HOWARD M. BUBERT, Baltimore (1961) (Nominated by Nominating Committee, with Dr. Bubert abstaining.)

ALBERT E. GOLDSTEIN, Baltimore (1961)

AMOS R. KOONTZ, Baltimore (1961)

R. CARMICHAEL TILGHMAN, Baltimore (1960) (to fill unexpired term of Ross L. McLean)

ROBERT WRIGHT, Greensboro (1961)

**Delegate to American Medical Association**

GEORGE H. YEAGER, Balto. (Nominated by Nominating Committee with Dr. Yeager abstaining.) (Also for remainder of 1958 to fill unexpired term of Warde B. Allan) (1959, 1960)

**Alternate Delegate to American Medical Association**

H. HANFORD HOPKINS, Baltimore (1959-1960)

**Committee on Scientific Work and Arrangements**

JAMES DOUGLAS LOCKARD, Baltimore (1962)

**Library Committee**

GEORGE S. MIRICK, Baltimore (1963)

**Finney Fund Committee**

HARRY CLAY HULL, Baltimore (1963)

**Board of Medical Examiners**

LEWIS P. GUNDRY, Baltimore (1962)

CHARLES CONRAD ZIMMERMAN, Cumberland (1962)

**Action. Motion adopted.**

*There being no other nominations, on motion of Dr. Goldstein seconded by Dr. Moyers it was ordered that nominations be closed. The election will be held at the meeting of the House of Delegates on Friday, April 18th.*

**Nominations for Vacancy on Council**

To fill the vacancy on the Council caused by the nomination of Dr. Yeager as a delegate to the American Medical Association, Dr. Frank Geraghty was nominated. This nomination will be voted on at the meeting of the House of Delegates on Friday, April 18th.

**COMMITTEE ON DIABETES. (Page 544.)**

DR. ABRAHAM SILVER, CHAIRMAN OF THE COMMITTEE ON DIABETES, SUPPLEMENTING THE RE-



PORT OF HIS COMMITTEE WHICH APPEARS IN THE SUMMARY OF REPORTS, RECOMMENDED THAT THE WORK OF THE COMMITTEE BE CONTINUED EACH YEAR.

*Action. Motion—adopting recommendation.*

*After discussion, on motion of Dr. Cornbrooks, seconded by Dr. C. Rodney Layton and unanimously carried, the recommendation was adopted.*

*Motion. Adopting report.*

*On motion of Dr. Cornbrooks, seconded by Dr. C. Rodney Layton, the report of the Committee on Diabetes was unanimously accepted.*

#### GERIATRICS COMMITTEE. (Page 545.)

Dr. Herman Seidel, Chairman of the Geriatrics Committee supplemented the report of his Committee which appears in the Summary of Reports, by saying that the University of Maryland School of Medicine has arranged to include Geriatrics as a topic for instruction in its curriculum. Dr. Louis Krause also discussed the importance of Geriatrics in medical education.

#### TUBERCULOSIS COMMITTEE. (Page 561.)

Dr. Edmund G. Beacham, Chairman of the Tuberculosis Committee, submitted the following recommendations:

1. "CHEST X-RAY SURVEYS OF GROUPS AT HIGH RISK FROM TUBERCULOSIS SHOULD CONTINUE AS A MEANS OF FINDING PULMONARY TUBERCULOSIS. THIS IS IN ACCORD WITH POLICY OF THE STATE DEPARTMENT OF HEALTH.
2. CHEST X-RAYS SHOULD BE TAKEN ON ALL ADULT PATIENTS UPON ADMISSION TO GENERAL HOSPITALS AND ON PATIENTS ADMITTED TO NURSING HOMES.
3. MORE ATTENTION MUST BE PAID BY PHYSICIANS TO CASE-FINDING, REPORTING, AND TO PROPER ISOLATION AND TREATMENT OF CASES OF TUBERCULOSIS. MARYLAND IN 1957 STILL HAS ONE OF THE WORST TUBERCULOSIS RECORDS IN THE COUNTRY."

#### *Amendment*

Dr. Whitmer Firor offered the following amendments to RECOMMENDATION NO. 2 BY ADDING AFTER THE WORD "TAKEN" THE WORDS "WHEN PRACTICAL," AND BY ADDING AT THE END OF THE SENTENCE THE FOLLOWING WORDS: "IF NO CHEST X-RAY HAS BEEN TAKEN WITHIN THE PRECEDING THREE MONTHS."

*Action. Motion adopted for amendment.*

*Dr. Beacham accepted the amendments and after discussion, on motion duly seconded and carried, it was ordered that the amendments be adopted.*

*Motion. Adoption of amended recommendation and report.*

*After discussion, on motion of Dr. Cornbrooks, duly seconded by Dr. Pearce and carried, it was ordered that the report of the Tuberculosis Committee as amended be adopted.*

#### COMMITTEE ON VETERANS' MEDICAL CARE. (Page 562.)

Dr. Amos R. Koontz, Chairman of the Committee on Veterans' Medical Care submitted the following resolutions:

"IT IS REQUESTED THAT THE HOUSE OF DELEGATES REAFFIRM THEIR ACTION OF LAST YEAR IN ADOPTING THE SEVEN RECOMMENDATIONS WITH THE PROVISIO THAT THEY BE ACCOMPLISHED IN LOGICAL ORDER TO FIT THE CIRCUMSTANCES AS THEY ARISE."

"IT IS, THEREFORE, REQUESTED THAT THE HOUSE AUTHORIZE THE SENDING OF THE ADOPTED RECOMMENDATIONS TO ALL STATE MEDICAL SOCIETIES. THIS IS ESSENTIAL IN ORDER TO OBTAIN THE CONCERTED ACTION WHICH WE DESIRE AND WHICH IS SO NECESSARY TO EFFECTUAL EFFORT."

*Action. Motion—Adopted on Resolutions.*

*After discussion, on motion duly seconded and carried, it was ordered that the resolutions be adopted.*

*Motion. Report adopted.*

*After discussion, on motion of Dr. O'Donnell, duly seconded and carried, it was ordered that the report of the Committee on Veterans' Medical Care be adopted.*

The President then asked Dr. Koontz to introduce the speaker. Dr. Koontz introduced Dr. Louis H. Bauer, Secretary General of the World Medical Association, who addressed the House of Delegates on the aims, objectives and activities of that organization. (Page 472.)

#### NOMINATIONS REOPENED

*Action. Motion—adopted.*

At the conclusion of Dr. Bauer's address, Dr. Eastland returned to the item on the agenda of nomination of officers.

*It was moved by Dr. Harrison, seconded by Dr. O'Donnell, that the House of Delegates reopen discussion regarding nomination of officers. The motion was passed without dissent.*

Nomination of Dr. John Mace, Jr.,

Dr. Thurston Harrison, Talbot County, nominated Dr. John Mace, Jr. of Dorchester County to be a member of the Council from the Eastern Shore.

*The nomination of Dr. Mace was seconded by Dr. Osborne D. Christensen and the name of Dr. John Mace added to the previously submitted slate.*

The meeting adjourned at 12:30 p.m.

Respectfully submitted,  
EVERETT S. DIGGS, M.D., Secretary

#### MINUTES OF THE 226th MEETING

Friday, April 18, 1958

The 226th meeting of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland was held at the Alcazar, Baltimore, Maryland. The meeting was called to order by the President, Dr. J. Sheldon Eastland, at 2:40 p.m. on Friday, April 18, 1958.

The following delegates were present: Walter A. Anderson, Baltimore City; John G. Ball, Montgomery County; Philip J. Bean, St. Mary's County; J. W. Bird, Montgomery County; Francis J. Borges, Baltimore City; Helen Bowie, Baltimore

City; C. Holmes Boyd, Baltimore City; M. McKendree Boyer, Montgomery County; Leo Brady, Council; A. T. Brice, Council; Ernest C. Brown, Jr., Baltimore City; H. M. Bubert, Council; R. vL. Campbell, Council; Archie R. Cohen, Washington County; E. Ellsworth Cook, Jr., Baltimore City; Ernest I. Cornbrooks, Jr., Baltimore City; L. E. Daugherty, Council; Melvin B. Davis, Baltimore County; Everett S. Diggs, Secretary; E. W. Ditto, Jr., Council; R. C. Dodson, Cecil County; J. S. Eastland, President; W. L. Etienne, Prince George's County; Robert W. Farr, Kent County; W. B. Firor, Council; Wetherbee Fort, Treasurer; A. E. Goldstein, Council; William E. Grose, Baltimore City; William B. Hagan, Prince George's County; J. C. Handelsman, Baltimore City; Thurston Harrison, Talbot County; R. Donald Jandorf, Baltimore City; Page C. Jett, Calvert County; Walter L. Kilby, Baltimore City; H. F. Kinnamon, Council; George A. Knipp, Baltimore City; Robert C. LaMar, Worcester County; C. Rodney Layton, Queen Anne's County; William D. Lynn, Baltimore City; John G. Lyons, Anne Arundel County; Howard B. Mays, Baltimore City; R. S. McVaugh, Carroll County; Donald W. Mintzer, Baltimore City; Samuel Morrison, Baltimore City; C. F. O'Donnell, Council; Wm. F. Pearce, Baltimore City; Wm. Pillsbury, Jr., Baltimore County; John O. Robben, Montgomery County; R. C. Robinson, Baltimore City; L. R. Schoolman, Frederick County; E. R. Shipley, Baltimore City; Douglas H. Stone, Baltimore City; Martin E. Strobel, Baltimore County; J. F. Supplee, III, Baltimore City; R. C. Tilghman, Council; Henry C. Welcome, Baltimore City; Hans Wodak, Prince George's County; Robert B. Wright, Baltimore City; A. Dougal Young, Baltimore City; and Richard A. Young, Washington County.

#### ELECTION OF OFFICERS

The President stated the first order of business would be the election of officers. It was noted that in only one office, namely the Councilor from the Eastern Shore, was there a contest.

After discussion, on motion of Dr. Bubert, duly seconded and carried, it was ordered that the Secretary cast the ballot. This having been accomplished, the President announced the following officers for the ensuing year:

##### President

LESLIE E. DAUGHERTY, Cumberland

##### Vice Presidents

ROBERT W. FARR, Chestertown

PAGE C. JETT, Prince Frederick

SAMUEL MORRISON, Baltimore

##### Secretary

WILLIAM CARL EBELING, Baltimore

##### Treasurer

WETHERBEE FORT, Baltimore

##### Councilors

HOWARD M. BUBERT, Baltimore (1961) (Nominated by Nominating Committee with Dr. Bubert abstaining.)

ALBERT E. GOLDSTEIN, Baltimore (1961)

FRANK J. GERAGHTY, Baltimore (1959) (To fill the un-

expired term of George H. Yeager, who has been nominated as delegate to the A.M.A.)

AMOS R. KOONTZ, Baltimore (1961)

R. CARMICHAEL TILGHMAN, Balto. (1960) (To fill the unexpired term of Ross L. McLean)

##### Delegate to American Medical Association

GEORGE H. YEAGER, Baltimore (1959, 1960) (Also for remainder of 1958 to fill unexpired term of Warde B. Allan. Nominated by Nominating Committee with Dr. Yeager abstaining.)

##### Alternate Delegate to American Medical Association

H. HANFORD HOPKINS, Baltimore (1959, 1960)

##### Committee on Scientific Work and Arrangements

JAMES DOUGLAS LOCKARD, Baltimore (1962)

##### Library Committee

GEORGE S. MIRICK, Baltimore (1963)

##### Finney Fund Committee

HARRY CLAY HULL, Baltimore (1963)

The President then stated that a vote would be taken on the election of a Councilor from the Eastern Shore. Two nominees were presented, Dr. Robert Wright of Greensboro, Caroline County, and Dr. John Mace, Jr., of Dorchester County.

*On motion of Dr. Bubert, duly seconded and carried, it was ordered that the vote be taken by a show of hands. The vote was taken and on a show of hands Dr. John Mace, Jr., of Cambridge, Dorchester County, was elected a member of the Council.*

*On motion, duly seconded and carried, there being no other nominations, it was ordered that Dr. M. McKendree Boyer from Montgomery County be elected a member of the Council to succeed Dr. Leslie E. Daugherty who is now the President-Elect of the Medical and Chirurgical Faculty, and as such is a member ex-officio of the Council.*

The President then presented the items of unfinished business from the agenda of the meeting of April 16, 1958 as follows:

#### REPORT OF THE MEDICAL ADVISORY COMMITTEE TO BUREAU OF OLD AGE AND SURVIVORS INSURANCE. (Page 555.)

Dr. J. Frank Supplee, III, Chairman, presented the three following recommendations:

1. A SHORT TALK BY A REPRESENTATIVE OF THE OLD AGE AND SURVIVOR'S BUREAU AT ONE OF THE FORTHCOMING FACULTY MEETINGS. (ANNUAL OR SEMIANNUAL)
2. BY THE PUBLICATION OF AN ARTICLE IN THE MARYLAND STATE MEDICAL JOURNAL.
3. BY A SEPARATE MAILING OF INFORMATION TO THE INDIVIDUAL MEMBERS OF THE FACULTY.

*Action. Motion adopted.*

*On motion of Dr. Harrison, seconded by Dr. Gross, and unanimously carried, it was ordered that the recommendations be adopted.*

*After discussion, on motion of Dr. Cornbrooks, seconded by Dr. Robinson and carried, it was ordered that the report of the Medical Advisory Committee to Bureau of Old Age and Survivors Insurance be accepted.*

# COMMITTEE TO STUDY LICENSURE OF HOMEOPATHIC PHYSICIANS BY THE HOMEOPATHIC BOARD. (Page 546.)

DR. KARL F. MECH, CHAIRMAN, RECOMMENDED THAT SINCE THE WORK HAS BEEN COMPLETED, THE COMMITTEE BE DISCHARGED.

*Action. Motion adopted. Committee Discharged.*

*After discussion, on motion of Dr. Bubert, seconded by Dr. Cornbrooks and unanimously carried, it was ordered that the report of the Committee to Study Licensure of Homeopathic Physicians by Homeopathic Board be accepted and the Committee discharged with thanks for the good work accomplished.*

# COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEMS OF SPECIALTIES—RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY. (Page 547.)

Dr. Edgar T. Campbell, Chairman, stated that the resolution on this subject prepared by his Committee is included in the Report of the Resolutions Committee. (See page 558.)

# CENTRAL COORDINATING COMMITTEE ON POLIO VACCINE. (Page 556.)

In the absence of the Chairman, Dr. J. Edmund Bradley, the President submitted the following recommendation, contained in the Committee report:

"THE COMMITTEE RECOMMENDS THAT THE MEDICAL-CHIRURGICAL FACULTY ASSUME THE RESPONSIBILITY THROUGH AN OFFICIAL SPOKESMAN OF PERIODICALLY URGING THE PUBLIC TO OBTAIN FULL PROTECTION AGAINST POLIOMYELITIS. THIS TO CONTINUE UNTIL SUCH TIME AS IT IS INDICATED, THAT AT LEAST 80% OF THE PEOPLE IN MARYLAND, UNDER AGE 40, HAVE RECEIVED FULL PROTECTION. THE COMMITTEE ALSO RECOMMENDED, UPON COMPLETION OF THIS 'MOP-UP' PHASE OF POLIOMYELITIS VACCINATION THAT IT BE DISCHARGED."

Dr. William B. Hagan of Prince George's County informed the House that A.F. of L.-C.I.O. are active in the Polio Vaccination Program. Appeals are being made to groups of citizens to be vaccinated and the Labor Unions furnish the vaccine and syringes at a cost of \$1.00 per injection, and are urging physicians to administer the vaccine.

*Action. Motions approving recommendation and report.*

*On motion of Dr. Boyer, seconded by Dr. O'Donnell, it was ordered that the recommendations of the Central Coordinating Committee on Polio Vaccine be approved.*

*On motion of Dr. Pillsbury, seconded by Dr. O'Donnell, it was ordered that the report of the Central Coordinating Committee on Polio Vaccine be accepted.*

# LEGISLATIVE COMMITTEE. Dr. Karl F. Mech, Chairman. (Page 549.)

Forand Bill. Dr. Mech discussed the provisions of H. R. Bill 9467 now before the Federal Congress, which Bill was introduced by Representative Forand of Rhode Island. Dr. Mech called attention to the fact that the Bill provides medical and hospital care to all persons eligible for Old Age and

Survivors Insurance Benefits, which at this time would include about 13,000,000 people. The Bill is strongly supported by the Labor Unions. The Bill should be opposed because it is a step towards Socialized Medicine. The American Medical Association is organizing a strong fight against the passage of the Bill.

The Legislative Committee of the Faculty met with representatives of the American Medical Association and the Committee recommends that the House of Delegates go on record as opposed to the Forand Bill and so advise the Maryland Representatives and Senators in Congress.

*Action. Motion adopted.*

*After discussion, on motion of Dr. Brady, duly seconded and carried, it was ordered that the House of Delegates of the Medical and Chirurgical Faculty of Maryland go on record as being opposed to the Forand Bill and that the Faculty extend full cooperation to the American Medical Association in its fight against the proposed legislation.*

This completed the business on the agenda for April 16, 1958.

# AMENDMENTS TO CONSTITUTION AND BY-LAWS

(Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.)

## 1957 Report (Page 539.)

Dr. Whitmer B. Firor, Chairman of the Committee on Constitution and By-Laws, then presented the amendments to the Constitution proposed by the 1957 Committee, which amendments were presented to the House of Delegates and discussed at its meeting on September 20, 1957.

The amendments to the Constitution and the actions taken thereon are listed below:

## Constitution

### Article VI. Council. Section 3.

It is authorized annually to select (one of) FROM its (members to serve as the Chairman) MEMBERSHIP A CHAIRMAN AND A VICE-CHAIRMAN of the Council. No Councilor shall be elected as a Delegate to the House of Delegates.

*Action. Motion adopted.*

*On motion of Dr. Cornbrooks, seconded by Dr. Mays and unanimously carried the amendment was approved.*

## Constitution

### Article VIII. Sessions and Meetings. Section 1.

The Annual Meeting of the Faculty shall be held at a place and time (the time) to be designated. . . . No change in the remainder of this Section.

*Action. Motion adopted.*

*On motion of Dr. Cornbrooks, duly seconded and unanimously carried the amendment was approved.*

## Constitution

### Article XI. Funds and expenses. Section 3.

Control of funds, investments and expenditures of the Faculty shall be vested in a (Finance Committee) COMMITTEE ON FINANCE AND BUDGET. The (Finance) Committee ON FINANCE AND BUDGET shall consist of

(five-5) EIGHT-8 members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, the Secretary and (two) FOUR-4 ADDITIONAL members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the (Finance) Committee ON FINANCE AND BUDGET.

IT SHALL BE THE DUTY OF THE COMMITTEE ON FINANCE AND BUDGET TO ACT FOR THE HOUSE OF DELEGATES AND FOR THE COUNCIL.

IT SHALL ALSO BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

*Action. Motion adopted.*

*On motion of Dr. Fort, duly seconded by Dr. Davis and unanimously carried, the amendment was approved.*

#### 1958 Report. (Page 540.)

##### Selection of Councilors

Dr. Whitmer B. Firor suggested that discussion on Article VII, Section 1, relating to classification of Component Societies into districts for the purpose of electing Councilors be reopened and that the matter be referred to the Planning Committee for further study.

*Action. Motion adopted.*

*After discussion, on motion duly seconded and carried, it was so ordered.*

##### By-laws

The House then proceeded to take the following actions on amendments to the By-Laws, which amendments were previously presented and discussed:

##### Chapter V. Election of Officers. Section 1.

All officers are to be nominated and elected by the House of Delegates (except those officers comprising the Board of Medical Examiners of Maryland. These Medical Examiners are to be elected by the entire Faculty at the Annual Meeting).

*Action. Motion adopted.*

*After discussion, on motion duly seconded and carried, the amendment was adopted.*

##### Chapter VI. NOMINATION AND ELECTION OF BOARD OF MEDICAL EXAMINERS.

The members of the Board of Medical Examiners of Maryland shall be nominated at the first meeting of the House of Delegates and presented to the entire Faculty at the regular Annual Meeting. Additional nominations for the Board of Medical Examiners may be made from the floor at the General Meeting just preceding the election. Such members nominated for the State Board of Medical Examiners shall be voted

upon at one of the General Meetings during the Annual Meeting.

*Action. Motion adopted.*

*After discussion, on motion duly seconded and carried, the amendment was adopted.*

ALL CHAPTERS FOLLOWING VI WILL BE AMENDED AS FOLLOWS:

CHAPTER VI. *Duties of Officers* will be CHAPTER VII.

CHAPTER VII. *The Council* will be CHAPTER VIII.

CHAPTER VIII. *Standing Committees* will be CHAPTER IX.

CHAPTER IX. *Component Societies* will be CHAPTER X.

CHAPTER X. *Miscellaneous* will be CHAPTER XI.

CHAPTER XI. *Amendments* will be CHAPTER XII.

*Action. Motion adopted.*

*After discussion, on motion duly seconded and carried, the amendment was adopted.*

Chapter VI. *Duties of Officers. Section 4. Assistant Secretaries.*

The Secretary may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Reporting Secretary. The tenure of office of those appointees (to) WILL be at the pleasure of the Secretary.

*Action. Motion adopted.*

*After discussion, on motion of Dr. Davis, duly seconded and unanimously carried, the amendment was adopted.*

##### Chapter VII. The Council. Section 1.

The Council shall meet on the day... It shall elect a Chairman and a Vice-Chairman from its own membership ANNUALLY...

*Action. Motion adopted.*

*After discussion, on motion of Dr. Fort, seconded by Dr. Cornbrooks and unanimously carried, the amendment was adopted.*

##### Chapter VII. The Council. Section 3.

(Each Councilor shall be organizer and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist. He shall make an annual report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates when requested by the Council.) THE CHAIRMAN OF THE COUNCIL SHALL ASSIGN TO THE COMPONENT SOCIETIES, MEMBERS OF THE COUNCIL WHO SHALL BE AVAILABLE TO ADVISE AND CONSULT WITH THE COMPONENT SOCIETIES, AND SHALL VISIT SAID COMPONENT SOCIETIES AT LEAST ONCE A YEAR. THE COUNCILORS SO ASSIGNED SHALL MAKE TO THE COUNCIL ANNUAL REPORTS OF THE CONDITIONS OF THE PROFESSION IN SAID COUNTIES.

*Action. Motion adopted.*

*After discussion, on motion of Dr. O'Donnell, duly seconded and unanimously carried the amendment was adopted.*

##### Chapter VII.

DELETE SECTION 4. (The Council shall be the Board of Censors of the Faculty through the Professional Conduct



Committee. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to the Faculty. All questions of an ethical nature brought before the House of Delegates, or the General Meeting, shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.)

*Action. Motion adopted.*

*After discussion, on motion of Dr. O'Donnell, seconded by Dr. Boyer and unanimously carried, it was ordered that the recommendation of the Committee on Constitution and By-Laws be approved and this Section deleted.*

Chapter VII.

SECTION 5 BECOMES SECTION 4.

SECTION 6 BECOMES SECTION 5.

SECTION 7 BECOMES SECTION 6.

SECTION 8 BECOMES SECTION 7.

SECTION 9 BECOMES SECTION 8.

*Action. Motion adopted.*

*After discussion, on motion of Dr. O'Donnell, seconded by Dr. Kinnamon and unanimously carried, it was ordered that the amendment be adopted.*

*Action on 3 Amendments. Motion adopted.*

*After discussion, during which Dr. Eastland said that the Delegates cannot vote on Chapter VIII. Nominating Committee. Section 5 (Page 504, April 16, 1958 minutes) on motion of Dr. Cornbrooks, duly seconded by Dr. Bubert, it was ordered that the following three amendments be adopted:*

Chapter VIII. Standing Committees. Section 1.

The Standing Committees which are to be elected by the House of Delegates are as follows: Committee on Scientific Work and Arrangements, Library Committee (,) AND Finney Fund Committee.

Chapter VIII. Professional Conduct Committee. Section 8. (Paragraph one is unchanged.)

This Committee shall consist of the five living immediate Past Presidents of the Medical and Chirurgical Faculty and the Chairman of the Council with the Senior Past President as Chairman of the Committee. (The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and report periodically as to their disposition to the Council of the Faculty.) THE PURPOSES AND FUNCTIONS OF THIS COMMITTEE SHALL BE TO HEAR AND DETERMINE ANY AND ALL GRIEVANCES OR COMPLAINTS INVOLVING OR GROWING OUT OF THE PRACTICE OF MEDICINE, AS HEREINAFTER SET FORTH.

a. **EXCLUSIVE JURISDICTION**—THE COMMITTEE SHALL HAVE EXCLUSIVE JURISDICTION TO HEAR AND DETERMINE:

1. ANY AND ALL GRIEVANCES OR COMPLAINTS AFFECTING OR INVOLVING THE PRACTICE OF MEDICINE THROUGHOUT THE STATE, OR IN MORE THAN ONE COUNTY OF THE STATE:
2. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY MEMBER OF THE MEDICAL AND

CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AGAINST THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

3. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY COMPONENT SOCIETY AGAINST THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND:

b. **CONCURRENT JURISDICTION**—THE COMMITTEE SHALL HAVE CONCURRENT JURISDICTION TO HEAR AND DETERMINE:

1. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY PATIENT OR PERSON AGAINST ANY MEMBER OF A COMPONENT SOCIETY:

2. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY MEMBER OF A COMPONENT SOCIETY AGAINST A MEMBER OF A COMPONENT SOCIETY.

THE GRIEVANCES AND COMPLAINTS SET FORTH IN THIS SUBPARAGRAPH—b—OF SECTION—8—SHALL BE HEARD BY THE COMPONENT SOCIETY UNLESS THE COMPONENT SOCIETY REFUSES TO HEAR SUCH GRIEVANCES OR COMPLAINTS AND REQUESTS THE COMMITTEE TO HEAR THE SAME.

**HEARINGS**—ALL COMPLAINTS OR GRIEVANCES MUST BE IN WRITING AND MUST BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY. UPON RECEIPT OF A COMPLAINT OR GRIEVANCE, THE COMMITTEE MAY HOLD A HEARING ON SAID COMPLAINT OR GRIEVANCE. BEFORE OR AFTER ANY HEARING, THE COMMITTEE MAY MAKE SUCH INVESTIGATION AS THE MAJORITY OF THE COMMITTEE DEEMS PROPER, NECESSARY OR EXPEDIENT. ALL FACTS ASCERTAINED BY THE COMMITTEE THROUGH ITS OWN INVESTIGATION, AND NOT PRESENTED AT THE HEARING SHALL BE BROUGHT TO THE ATTENTION OF THE PARTIES TO THE COMPLAINT, AND SUCH PARTIES SHALL HAVE A REASONABLE TIME OR OPPORTUNITY TO ANSWER THE SAME. ALL HEARINGS SHALL BE INFORMAL IN NATURE AND SUBJECT TO SUCH RULES AND REGULATIONS AS MAY BE DETERMINED BY THE COMMITTEE. ALL PARTIES, AS WELL AS THE COMMITTEE, MAY BE REPRESENTED BY COUNSEL.

**RECOMMENDATIONS AND FINDINGS**—AT THE CONCLUSION OF THE ENTIRE MATTER, THE COMMITTEE SHALL MAKE SUCH FINDINGS AND RECOMMENDATIONS IN EACH CASE AS THE COMMITTEE DEEMS PROPER. THE COMMITTEE SHALL FILE ITS FINDINGS AND RECOMMENDATIONS WITH THE COUNCIL. THE COUNCIL SHALL FORWARD A COPY OF THE FINAL DISPOSITION TO ALL PARTIES TO THE COMPLAINT. THE COMMITTEE, WITHOUT MAKING ANY FINDINGS, MAY FILE A REPORT WITH THE RECOMMENDATION THAT THE ENTIRE MATTER BE BROUGHT TO THE ATTENTION OF THE BOARD OF MEDICAL EXAMINERS. AFTER THE MATTER HAS BEEN CON-

SIDERED BY THE BOARD OF MEDICAL EXAMINERS, THE COMMITTEE MAY MAKE SUCH FINDINGS AND FURTHER RECOMMENDATIONS AS IT DEEMS PROPER.

**APPEALS**—ANY PARTY AGGRIEVED BY THE FINDINGS OR RECOMMENDATIONS OF THE COMMITTEE MAY, WITHIN THIRTY—30—DAYS, ENTER AN APPEAL TO THE COUNCIL. ALL APPEALS SHALL BE IN WRITING AND SHALL BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY. ALL APPEALS SHALL BE HEARD ON THE RECORD, BUT EITHER PARTY SHALL HAVE AN OPPORTUNITY TO OFFER NEWLY DISCOVERED EVIDENCE ON THE APPEAL.

ANY PARTY AGGRIEVED BY AN ACTION OF A COMPONENT SOCIETY MAY APPEAL TO THE COMMITTEE, AND FROM THE COMMITTEE TO THE COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. ALL APPEALS SHALL BE IN WRITING AND SHALL BE FILED WITHIN THIRTY—30—DAYS AFTER A FINAL FINDING OR RECOMMENDATION. ALL APPEALS SHALL BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY.

THE COUNCIL SHALL HAVE THE RIGHT TO MODIFY ALL RECOMMENDATIONS AND FINDINGS MADE BY THE PROFESSIONAL CONDUCT COMMITTEE, AND THE PROFESSIONAL CONDUCT COMMITTEE SHALL HAVE THE RIGHT TO MODIFY ALL RECOMMENDATIONS AND FINDINGS MADE BY A COMPONENT SOCIETY.

*It was noted that under "Appeals" the time for filing was extended from fifteen to thirty days.*

Chapter IX. Component Societies. Election of Delegates. Section 7.

At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty ACTIVE members in GOOD STANDING or major portion thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Session.

Resolutions:

Dr. Whitmer B. Firor then presented the following Resolutions:

#### Resolution 1

Procedure for Incumbent Officers, etc., to serve until the Annual Meeting in 1959

RESOLVED, THAT THE PRESIDENT, THREE VICE-PRESIDENTS, SECRETARY, TREASURER, THE COUNCILORS, THE MEMBERS OF THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS, LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE WHOSE TERMS EXPIRE AT THE END OF 1958 WILL CONTINUE TO SERVE IN THEIR OFFICIAL CAPACITY UNTIL THE CONCLUSION OF THE ANNUAL MEETING 1959,

RESOLVED, THAT THE PRESIDENT, THREE

VICE-PRESIDENTS, SECRETARY, TREASURER, THE COUNCILORS, THE MEMBERS OF THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS, LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE, WHO ARE ELECTED AT THIS ANNUAL MEETING (APRIL, 1958) WILL ASSUME OFFICE AT THE CONCLUSION OF THE ANNUAL MEETING IN 1959.

*Action. Motion adopted.*

*After discussion, on motion of Dr. Wright seconded by Dr. Cornbrooks and unanimously carried, it was ordered that Resolution 1 be adopted.*

#### Resolution 2

Procedure for appointment of Nominating Committee for this year

RESOLVED, THAT THE 1958 NOMINATING COMMITTEE SHALL BE APPOINTED AS PROVIDED IN THE AMENDMENT PRESENTED IN THE REPORT OF APRIL 1958 OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS, Chapter IX, Section 5, WHICH READS AS FOLLOWS: "THE NOMINATING COMMITTEE SHALL CONSIST OF FIVE (5) MEMBERS. THE IMMEDIATE PAST PRESIDENT SHALL BE THE CHAIRMAN AND THE PRESIDENT SHALL APPOINT ONE MEMBER FROM EACH OF THE FOUR DISTRICTS. NO MEMBER OF THE NOMINATING COMMITTEE MAY SERVE MORE OFTEN THAN EVERY FIVE (5) YEARS UNLESS DEATH OR RESIGNATION MAKES NECESSARY THE IMMEDIATELY PRECEDING PAST PRESIDENT SERVING MORE OFTEN."

Dr. Firor recommended that Resolution 2 be withdrawn and referred to the Planning Committee for rewording.

*Action. Motion adopted.*

*After discussion, on motion of Dr. O'Donnell, seconded by Dr. Boyer and unanimously carried, it was ordered that Resolution 2 be withdrawn and referred to the Planning Committee.*

#### REPORT OF THE RESOLUTIONS COMMITTEE. (Page 558.)

Dr. Robert vL. Campbell, Chairman, presented the report of the Resolutions Committee as follows:

#### BLUE CROSS

WHEREAS, THE RISING COST OF HOSPITAL PREPAYMENT PLANS IS A CAUSE OF SERIOUS CONCERN TO PHYSICIANS, HOSPITALS, BLUE CROSS PLANS AND THE PUBLIC IN GENERAL; AND

WHEREAS, THE HOLDING OF ESSENTIAL MEDICAL SERVICES IN A HOSPITAL CONTRACT (BLUE CROSS), INSTEAD OF PLACING THEM IN THE MEDICAL CONTRACT (BLUE SHIELD) WITH ALL OTHER MEDICAL SERVICES, HAS RESULTED IN A LAG IN SUBSCRIPTIONS TO BLUE SHIELD, SINCE IT IS LESS ATTRACTIVE TO THE BUYING PUBLIC; NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND:

1. THAT THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND DIRECTS ITS REP-

REPRESENTATIVES ON THE BOARD OF TRUSTEES OF MARYLAND MEDICAL SERVICE, INC., TO INVESTIGATE

- a. METHODS AND PROCEDURES WHEREBY COMPREHENSIVE COVERAGE FOR X-RAY DIAGNOSIS AND MEDICAL DIAGNOSTIC SERVICES GENERALLY CAN BE PROVIDED NOT ONLY IN THE HOSPITALS BUT ALSO IN THE PHYSICIANS' OFFICES, AND
  - b. METHODS AND PROCEDURES FOR REMOVING THE BENEFITS FOR X-RAY DIAGNOSIS AND MEDICAL DIAGNOSTIC SERVICES GENERALLY FROM THE BLUE CROSS OR HOSPITAL PLAN AND PLACING THEM IN THE BLUE SHIELD OR PHYSICIANS' PLAN.
2. THAT PROGRESS REPORTS BE MADE REGARDING THE ABOVE MATTERS BY THE BOARD OF TRUSTEES OF MARYLAND MEDICAL SERVICE, INC., AT EACH SUBSEQUENT ANNUAL AND SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.
3. THAT COPIES OF THIS RESOLUTION BE SENT TO THE DIRECTOR AND THE BOARDS OF TRUSTEES OF BLUE CROSS AND BLUE SHIELD PLANS.

*Discussion.* The Resolutions Committee recommended approval of the resolution.

*Motion.*

*Dr. Firor moved adoption of the resolution and the motion was seconded by Dr. O'Donnell.*

Considerable discussion ensued participated in by Mr. Reginald Dabney, Director of the Blue Cross-Blue Shield, who upon motion, duly seconded and carried, was accorded the privilege of the floor.

*Motion adopted.*

When the question was called for, the motion of Dr. Firor to approve the recommendation of the Resolutions Committee, which Committee recommended the adoption of the resolution, was carried.

#### UNITED MINE WORKERS WELFARE FUND

WHEREAS, IT HAS ALWAYS BEEN THE PRIVILEGE AND PREROGATIVE OF ANY PATIENT IN THIS STATE TO SELECT HIS PHYSICIAN AND HIS HOSPITAL WITHOUT COERCION AND,

WHEREAS, THIS VOLUNTARY SELECTION HAS NEVER BEEN ABRIDGED PREVIOUSLY BECAUSE THE PAYMENT FOR PROFESSIONAL SERVICES WAS DERIVED FROM INSURANCE, PENSION, OR PUBLIC WELFARE FUNDS, AND

WHEREAS, THE PROFESSIONAL QUALIFICATIONS OF PHYSICIANS AND OF HOSPITALS HAVE BEEN DETERMINED BY LICENSING BODIES OF THE STATE, OR BY IMPARTIAL EXPERT BOARDS OF MEDICAL PEERS, AND

WHEREAS, THE UNITED MINE WORKERS WELFARE FUND HAS CHOSEN TO SET ASIDE DECISIONS OF SUCH QUALIFYING BOARDS AND ARBITRARILY TO PREVENT ELIGIBLE BENEFICIARIES

OF ITS PROGRAM TO ENJOY THE MEDICAL AND HOSPITAL COVERAGE AVAILABLE TO OTHER CITIZENS IN THEIR OWN COMMUNITIES, THUS CREATING UNDUE HARDSHIPS IN MANY CASES, AND AT THE SAME TIME CASTING ASPERSIONS AND STIGMATA ON PRACTITIONERS AND HOSPITALS THAT HAVE TAKEN CARE OF THESE CITIZENS FOR YEARS, THEREFORE,

BE IT RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND GO ON RECORD AS OPPOSING SUCH HIGH-HANDED ACTION BY ANY ORGANIZATION PROVIDING HEALTH SERVICES ON A THIRD PARTY PAYMENT BASIS, AND, FURTHER, AS REQUESTING THAT THE BOARD OF THE UNITED MINE WORKERS WELFARE FUND PROVIDE SOME MEANS OF DISCUSSION AND ARBITRATION WITH PHYSICIANS AND HOSPITALS NOW UNILATERALLY BANNED FROM MINISTERING TO THE MEDICAL NEEDS OF CERTAIN COMMUNITIES IN MARYLAND.

The Resolutions Committee approved of the resolution.

*Action. Motion adopted.*

*After discussion, on motion of Dr. Boyer seconded by Dr. O'Donnell, the resolution was adopted.*

#### Inclusion of Self Employed Physicians in Social Security

BE IT RESOLVED THAT THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND GO ON RECORD AS DESIRING THE INCLUSION OF SELF EMPLOYED PHYSICIANS IN SOCIAL SECURITY, AND THAT THIS DESIRE BE TRANSMITTED TO THE A.M.A.

The Resolutions Committee recommended disapproval of the resolution.

*Action. Motion adopted.*

*After discussion, on motion of Dr. Ball, seconded by Dr. Bubert, it was ordered that the resolution be disapproved and the report of the Resolutions Committee be accepted.*

#### REPORT OF THE COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEMS OF SPECIALTIES—RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY. (Page 547.)

The President stated that action remains to be taken on the report of the Committee to Confer with Insurance Carriers in Regard to Problems of Specialties—Radiology, Pathology, Anesthesiology. The recommendation of the Committee was approved and now action is needed on the report.

*Action. Motion adopted.*

*On motion of Dr. Robinson, seconded by Dr. Fisher and unanimously passed, the report was adopted.*

#### NEW BUSINESS

##### Social Security.

Dr. Russell Fisher proposed the following motion:

*Motion.*

"The House of Delegates of the Medical and Chirurgical Faculty goes on record as being opposed to compulsory Social

The  
Achievements  
of

# Aristo

**...in Skin Diseases:** In a study of 26 patients with severe dermatoses, ARISTOCORT was proved to have potent anti-inflammatory and antipruritic properties, even at a dosage only  $\frac{2}{3}$  that of prednisone<sup>1</sup>... Striking affinity for skin and tremendous potency in controlling skin disease, including 50 cases of psoriasis, of which over 60% were reported as *markedly improved*<sup>2</sup>...absence of serious side effects specifically noted.<sup>1,2,3</sup>

**...in Rheumatoid Arthritis:** Impressive therapeutic effect in most cases of a group of 89 patients<sup>4</sup>... 6 mg. of ARISTOCORT corresponded in effect to 10 mg. of prednisone daily (in addition, gastric ulcer which developed during prednisone therapy in 2 cases disappeared during ARISTOCORT therapy).<sup>5</sup>

1. Rein, C. R., Fleischmajer, R., and Rosenthal, A. L.: J. A. M. A. 165:1821, (Dec 7) 1957.
2. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.
3. Sherwood, A., and Cooke, R. A.: Personal Communication.
4. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957.
5. Hartung, E. F.: Personal Communication.
6. Schwartz, E.: Personal Communication.
7. Sherwood, A., and Cooke, R. A.: J. Allergy 28:97, 1957.
8. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Paper presented at Nephrosis Conference, Bethesda, Md., Oct. 26, 1957.
9. Ibid.: Personal Communication.
10. Barach, A. L.: Personal Communication.
11. Segal, M. S.: Personal Communication.
12. Cooke, R. A.: Personal Communication.
13. Dubois, E. L.: Personal Communication.

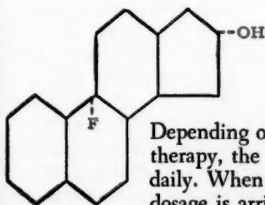


# ARISTOCORT<sup>®</sup>

Triamcinolone **LEDERLE**

**...in Respiratory Allergies:** "Good to excellent" results in 29 of 30 patients with chronic intractable bronchial asthma at an average daily dosage of only 7 mg.<sup>6</sup>... Average dosage of 6 mg. daily to control asthma and 2 to 6 mg. to control allergic rhinitis in a group of 42 patients, with an actual reduction of blood pressure in 12 of these.<sup>7</sup>

**...in Other Conditions:** Two failures, 4 partial remissions and 8 cases with complete disappearance of abnormal chemical findings lead to characterization of ARISTOCORT as possibly the most desirable steroid to date in treatment of the nephrotic syndrome.<sup>8,9</sup>... Prompt decrease in the cyanosis and dyspnea of pulmonary emphysema and fibrosis, with marked improvement in patients refractory to prednisone.<sup>10,11,12</sup>... Favorable response reported for 25 of 28 cases of disseminated lupus erythematosus.<sup>13</sup>



Depending on the acuteness and severity of the disease under therapy, the initial dosage of ARISTOCORT is usually from 8 to 20 mg. daily. When acute manifestations have subsided, maintenance dosage is arrived at gradually, usually by reducing the total daily dosage 2 mg. every 3 days until the smallest dosage has been reached which will suppress symptoms.

Comparative studies of patients changed to ARISTOCORT from prednisone indicate a dosage of ARISTOCORT lower by about  $\frac{1}{3}$  in rheumatoid arthritis, by  $\frac{1}{3}$  in allergic rhinitis and bronchial asthma, and by  $\frac{1}{3}$  to  $\frac{1}{2}$  in inflammatory and allergic skin diseases. With ARISTOCORT, no precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

ARISTOCORT is available in 2 mg. scored tablets (pink), bottles of 30; and 4 mg. scored tablets (white), bottles of 30 and 100.



LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

Security for physicians and instructs the Secretary to inform the Maryland delegation in Congress of this action."

The motion was seconded, whereupon considerable discussion ensued as to the effect of the action of the House of Delegates in refusing to adopt the resolution of the Frederick County Medical Society on this subject and also as to whether or not the action of the House of Delegates can be construed as an action of the entire Faculty.

*Action. Motion tabled. New motion.*

*Dr. Etienne then moved that the motion of Dr. Russell Fisher be tabled until such time as a poll of the entire membership of the Society can be completed. The motion was seconded by Dr. Bubert and carried.*

#### **Appointment of Committee of Three to Frame Social Security Questionnaire.**

*Action. Motion—Amendment. Motion adopted.*

*Dr. Jacob C. Handelsman then moved that a Committee of*

*three be appointed to frame an appropriate Questionnaire for polling the membership of the Medical and Chirurgical Faculty with regard to the desire of Social Security coverage. Dr. Fort seconded the motion and an amendment was offered to the motion to include a time factor of thirty days. Dr. Handelsman accepted the amendment whereupon the following motion as amended was voted upon and carried: "That a Committee of three be appointed to frame an appropriate Questionnaire for polling the membership of the Medical and Chirurgical Faculty with regard to desire of Social Security coverage and that the Questionnaire be returnable within thirty days."*

#### **ADJOURNMENT**

The business before the House having been concluded, adjournment was taken at 4:40 p.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., Secretary

## REPORTS<sup>1, 2, 3</sup>

### To the House of Delegates

#### SECRETARY

##### Mr. President and Members of the House of Delegates:

The complete statistical report of the membership is available. The total membership as of this date (3-31-58) is 2,936, which is an increase of 149. As of March 27, 1958, of the 1,756 members who were sent A.M.A. bills, 1,554 have paid their dues for the National Association.

See page 516 for Secretary's Statistical Report.

The following Component Medical Societies are to be congratulated as every member has paid the dues and assessment: Carroll County, Charles County, Harford County, Kent County, Queen Anne's County, St. Mary's County, Somerset County, and Talbot County.

The Council and Executive Committee have met often and, as you know, there was a Special Meeting of the House of Delegates. The committees have been active and in some instances the Chairmen have had minutes of their meetings and correspondence written by the Faculty Office. This work was not always carried out as promptly as desired, but the best we can say—it was done—and the Staff regrets that it was not possible to do it more expeditiously.

In my 1956 report to this body I suggested that there be a change in the method of appointing and/or, reporting the activities of the Committees, and if this body adopts the amendments to the Constitution and By-Laws, we are on our way towards accomplishing this and the committees will serve for a period of one year from Annual Meeting to Annual Meeting.

Mr. Walter N. Kirkman, since re-assuming the position of full-time Executive Director, has greatly reduced the work load for me and made it possible for me to spend less time on many of the Faculty affairs. The office staff has shown its usual loyalty, help, and cooperation in making the Secretary's job a pleasure. Without them I could not function. The Component Societies have been most cooperative with me and the Faculty office. To all of these people who help make the Society function effectively, I am grateful and wish to express my appreciation.

<sup>1</sup> A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Wednesday, April 16, 1958.

<sup>2</sup> Membership Directory for March 31, 1957 to May 31, 1958, published in August 1958 Journal, Vol. 7, No. 8.

<sup>3</sup> Key for Committee Reports: All recommendations and resolutions in "italics" regardless of whether or not adopted by the House of Delegates.

Finally, I wish to add my welcome to those of all of the other officers and members to our new Executive Secretary, Mr. John Sargeant, who with this Annual Meeting begins his work with us. He has an excellent background, has proven his ability in New York and will, I am sure, apply his capabilities most effectively to this Society. We look forward to many years of pleasant association.

Respectfully submitted,  
EVERETT S. DIGGS, M.D., *Secretary*

#### TREASURER\*

##### Mr. President and Members of the House of Delegates:

Owing to the delay on the part of the Baltimore City Medical Society to inform the Treasurer of the Medical and Chirurgical Faculty of how much he may expect from the Baltimore City Medical Society in payment of rent, secretarial services, etc., it is impossible for the Treasurer in conjunction with the Budget Committee to present a budget. The Treasurer has asked the Council to permit him to work under the existing budget until this adjustment between the Baltimore City Medical Society and the Faculty may be made.

If the information for a report is available by the middle of April, a verbal report will be given to the House of Delegates.

The Treasurer's report including the report of the annual audit will be distributed to the House of Delegates on April 16th. (See pages 517-524.)

Respectfully submitted,  
WETHERBEE FORT, M.D., *Treasurer*

#### COMMITTEE ON FINANCE AND BUDGET

(In accordance with the By-Laws, shall consist of eight members, namely, Chairman of Council, Vice-Chairman of Council, the Treasurer, who shall be Chairman of Committee, the Secretary, and four additional members appointed by Chairman of Council.)

##### Mr. President and Members of the House of Delegates:

Included in the Report of the Treasurer (Page 517).

Respectfully submitted,  
WETHERBEE FORT, M.D., *Treasurer, Chairman*  
LEO BRADY, M.D., *Chairman of Council*  
HOWARD M. BUBERT, M.D., *Vice-Chairman of Council*  
EVERETT S. DIGGS, M.D., *Secretary*  
E. COWLES ANDRUS, M.D.  
R. WALTER GRAHAM, JR., M.D.  
BENDER B. KNEISLEY, M.D.  
NORMAN E. SARTORIUS, JR., M.D.

\* This also includes the Report of the Finance Committee.

## Secretary's Report

April 1958

Member- ship 1957	Member- ship 1958	Member Paid in advance by Jan. 31, 1958	COUNTIES	New Mem- bers	Re- moved	Re- signed	De- ceased	Sus- pended	U.S. Service
75	76	53	Allegheny-Garrett County Medical Society	4			1	2	2
75	80	67	Anne Arundel County Medical Society	11	6				1
173	175	144	Baltimore County Medical Association	13	7	2	2		2
1460	1487	1429	Baltimore City Medical Society, Active	83		29	19	8	2
123	213	186	Baltimore City Medical Society, Associate	108		17		1	
4	3	2	Calvert County Medical Society					1	
11	9	6	Caroline County Medical Society		1		1		
35	35	35*	Carroll County Medical Society	3	1		2		1
24	22	20	Cecil County Medical Society, Active		1	1			
8	7	7	Cecil County Medical Society, Associate	1	1	1			
121	11	11*	Charles County Medical Society	1	1		1		
24	24	24*	Dorchester County Medical Society	2		1	1		
57	58	56	Frederick County Medical Society	4	1		1	1	
34	33	33*	Harford County Medical Society, Active	1	1		1		
1	1	1*	Harford County Medical Society, Associate						
9	10	9	Howard County Medical Society	1					
14	13	13*	Kent County Medical Society		1				
236	238	183	Montgomery County Medical Society, Active	20	6	7	1	4	
11	16	12	Montgomery County Medical Society, Associate	7		2			2
99	103	88	Prince George's County Medical Society, Active	11	4	1	2		
23	28	23	Prince George's County Medical Society, Associate	5					
14	15	15*	St Mary's County Medical Society, Active	3	2				
1	2	2*	St Mary's County Medical Society, Associate	1					
6	7	7*	Somerset County Medical Society, Active	1					
1	1	1*	Somerset County Medical Society, Associate						
7	6	6*	Queen Anne County Medical Society		1				
31	30	30*	Talbot County Medical Society	1	2				
78	82	76	Washington County Medical Society	6	2				
60	60	57	Wicomico County Medical Society	2	1			1	
13	11	10	Worcester County Medical Society		1	1			
68	88	63	Nonresident Members	23		2		1	
2787	2944	2668		312	40	64	32	19	10

Active Members..... 2588

Associate Members..... 268

Nonresident Members..... 88

Total Membership..... 2944

Gain, Active Members..... 38

Gain, Associate Members..... 99

Gain, Nonresident Members..... 20

Total Gain..... 157



## THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Baltimore, Maryland

## Financial Report of the Treasurer

General Fund—Statement of Income and Expenses

For Year Ended December 31st, 1957

EXHIBIT B

## Income

Special Assessment.....	\$38,170.00	
Less—Transfer to Reserve for Contingencies.....	26,500.00	\$11,670.00

Dues—Baltimore City Dental Society.....	1,500.00	
—Baltimore City Medical Society.....	57,529.00	
—County Medical Societies.....	29,162.00	
—Halls and Offices—Baltimore City Medical Society.....	400.00	
—Halls and Offices—Other.....	4,500.00	93,091.00

Meetings—Annual and Semi-Annual—Exhibits.....		4,150.00
Baltimore City Medical Society—Salaries.....		3,400.00
American Medical Association—For General Purposes.....		433.27
Journal—Advertisements.....	35,785.39	
—Subscriptions.....	4,238.72	40,024.11

## Transfers from Consolidated Fund—Income Funds

Charles M. Ellis Fund—For General Purposes.....	533.74	
John Ruhrah Fund—For Salaries.....	300.00	833.74

Use of Addressograph.....		175.00
Miscellaneous.....		16.52

Total Income..... \$153,793.64

## Expenses

Accounting Fees.....	532.75
Communication Expense—Postage, Telephone and Telegraph.....	3,670.32
Contributions.....	120.00
Extraordinary Repairs.....	6,990.52
Fuel.....	3,339.24
Gas, Electricity and Water.....	2,247.13
Household and Janitorial Supplies.....	1,128.87
Insurance.....	1,454.34
Journal Expense.....	37,830.48
Legal Fees.....	600.00
Legislative Committee Expense.....	908.40
Other Committee Expenses.....	1,592.96
Maintenance of Property.....	2,030.40
Management Survey.....	2,744.33
Maryland Unemployment Insurance.....	183.03
United States Unemployment Insurance.....	156.38
Social Security Tax.....	3,153.54
Meetings—Annual and Semi-Annual.....	7,352.60
Miscellaneous Expenses.....	4,920.56
Purchase of Equipment.....	90.50
Office Supplies.....	1,833.25
Printing.....	1,309.76
Salaries.....	68,959.35
Travel.....	508.21

Total Expenses..... 153,656.92

Excess of Income Over Expenses—For Year Ended December 31st, 1957—To Exhibit C..... 136.72

GENERAL FUND—STATEMENT OF SURPLUS  
For Year Ended December 31st, 1957

January 1st, 1957—Balance to Credit of Account.....	Exhibit C \$47,940.64
<i>Addition</i>	
Excess of Income over Expenses for year ended December 31st, 1957—Exhibit B.....	136.72
	48,077.36
<i>Deduction</i>	
Transfer to Reserve for Contingencies.....	23,500.00
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....	24,577.36

CONSOLIDATED FUND—INCOME FUNDS—STATEMENT OF INCOME AND EXPENSES  
For Year Ended December 31st, 1957

EXHIBIT D

<i>Income</i>		
<i>Income from Consolidated Fund Investments</i>		
<i>Bonds</i>		
United States Government and Municipals.....	\$748.00	
Public Utilities, Railroads, etc.....	1,648.50	\$2,396.50
<i>Stocks</i>		
Preferred.....	715.16	
Common.....	9,701.65	10,416.81
Interest Special Savings Account—The Savings Bank of Baltimore.....		79.05
		12,892.36
Less—Agencies Fees.....		537.48
Net Income from Distributed Investment Income—Exhibit F.....		12,354.88
Income from Eugene Fauntleroy Cordell Fund Investments—Exhibit F		
<i>Stocks</i>		
Common.....	263.50	
Less—Agency Fee.....	15.79	247.71
Total Net Income from Investments.....		\$12,602.59
Interest on Savings Accounts—The Savings Bank of Baltimore—Exhibit F.....		893.94
Other Income—Exhibit F.....		5.00
Total Income.....		13,501.53
<i>Expenses—Exhibit F</i>		
Library Purposes.....	7,394.40	
Transfer to General Fund—General Purposes.....	833.74	
Lectureship.....	100.00	
Total Expenses.....		8,328.14
December 31st, 1957—Excess of Income over Expenses—to Exhibit E.....		5,173.39

CONSOLIDATED FUND—INCOME FUNDS—STATEMENT OF NET WORTH  
For Year Ended December 31st, 1957

January 1st, 1957—Balance to Credit of Account.....	Exhibit E \$35,942.56
<i>Addition</i>	
Excess of Income over Expenses—For Year Ended December 31st, 1957—Exhibit D.....	5,173.39
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....	41,115.95*

\* To Exhibit F

CONSOLIDATED FUND—INCOME FUNDS  
STATEMENT OF RECEIPTS, EXPENDITURES AND BALANCES  
For Year Ended December 31st, 1957

FUND	RECEIPTS										EXPENDITURES			BALANCES—DECEMBER 31ST, 1957 REPRESENTED BY					BALANCES DECEMBER 31ST, 1957
	BALANCE JANUARY 1ST, 1957	Interest on Savings Accounts	Income from Investments		Direct	Other Income	SUB-TOTAL	EXPENDITURES		BALANCE DECEMBER 31ST, 1957	BALANCES—DECEMBER 31ST, 1957 REPRESENTED BY								
			Distributive share	per cent				Library Purposes	Transfers to General Fund		Lecture-ship	Additions							
												Savings account balances	Un-invested cash	Investments	Un-deposited receipts	Deductions to General Fund			
<i>To Exhibit D</i>																			
Baker.....	\$84.41	\$2.47	.62	\$76.59		\$163.47	\$26.00			\$137.47	\$119.47			\$18.00	<i>To Exhibit A</i>	<i>To Exhibit E</i>			
Barker, Lewellys F.....	33.39	.96	.38	46.94		81.29	32.40			48.89	48.26			11.03	\$10.40	\$137.47			
Bowen, Josiah S.....	1,999.89	65.72	8.51	1,051.41		3,117.02	—			3,117.02	2,869.93			247.09		3,117.02			
Bressler, Frank C.....	953.87	28.28	1.72	212.50		1,194.65				1,194.65	1,144.71			49.94		1,194.65			
Cordell, Eugene Fauntleroy.....	7,024.40	88.30	3.50	432.42	\$247.71	7,792.83				7,792.83	3,564.14	\$89.62	\$4,037.45	101.62		7,792.83			
Cowles, Nellie N.....	166.89	4.94	.72	88.95		260.78	59.85			200.93	180.03			20.90		200.93			
Ellis, Charles M.....			4.32	533.74		533.74		\$533.74						125.43	125.43				
Finney, John M. T.....	1,522.71	47.56	8.06	995.8		2,566.07	592.52			1,973.55	1,739.53			234.02		1,973.55			
Frick, William F.....	348.62	16.00	14.41	1,780.34		2,144.96	1,829.47			315.49	26.57			418.39	129.47	315.49			
Friedenwald, Julius.....	439.40	13.01	.72	88.95		541.36				541.36	520.46			20.90		541.36			
Harlan, Herbert.....	35.18	1.24	.73	90.20		126.62	65.85			60.77	39.57			21.20		60.77			
McClary, Standish.....	34.30	1.61	.72	88.95		124.86	48.40			76.46	55.56			20.90		76.46			
Oler Endowment.....	1,317.48	39.39	1.34	165.56		1,522.43				1,522.52	1,483.52			38.91		1,522.43			
Oler Testamental.....	2,141.89	64.69	7.44	919.21		3,125.79	348.31			2,777.48	2,561.46			216.02		2,777.48			
Rubrah, John.....	15,802.55	398.70	39.14	4,835.70	\$5.00	21,041.95	4,217.50	300.00		16,524.45	15,396.03			1,136.42	8.00	16,524.45			
Stokes, William Royal.....	1,323.55	40.36	2.97	366.94		1,730.85	174.10			1,556.75	1,470.48			86.27		1,556.75			
Trimble, Isaac Ridgeway.....	1,390.86	41.33	2.53	312.58		1,744.77			\$100.00	1,644.77	1,571.31			73.46		1,644.77			
Woods, Hiram.....	1,323.17	39.38	2.17	268.10		1,630.65				1,630.65	1,567.64			63.01		1,630.65			
Totals.....	35,942.56	893.94	100.00	12,354.88	247.71	49,444.09	7,394.40	833.74	100.00	41,115.95	34,358.67	89.62	4,037.45	2,903.51	273.30	41,115.95			

EXHIBIT F

## CONSOLIDATED FUND—STATEMENT OF PRINCIPAL FUNDS

December 31st, 1957

FUND	PURPOSE	BALANCE JANUARY 1st, 1957	PROFIT ON SALE OF SECURITIES Schedule G-1	EXHIBIT G
				BALANCE DECEMBER 31st, 1957 To Exhibit A
Baker.....	Books of Materia Medica.....	\$1,020.91	\$.64	\$1,021.55
Barker, Lewellys F.....	Library.....	612.19	.39	612.58
Bowen, Josiah S.....	General.....	13,871.88	8.79	13,880.67
Bressler, Frank C.....	General.....	2,817.28	1.78	2,819.06
Cordell, Eugene Fauntleroy.....	Relief of Widows and Orphans.....	5,697.08	3.61	5,700.69
Cowles, Nellie N.....	Library.....	1,174.68	.74	1,175.42
Ellis, Charles M.....	General.....	7,048.06	4.46	7,052.52
Finney, John M. T.....	Books, Journals and Lectureships on Surgery	13,136.73	8.32	13,145.05
Frick, William F.....	Maintenance Frick Library, Purchase Books and Journals.....	23,495.95	14.88	23,510.83
Friedenwald, D. Julius.....	Maintenance of Friedenwald Room.....	1,174.68	.74	1,175.42
Harlan, Herbert.....	Books on Ophthalmology.....	1,192.10	.76	1,192.86
McCleary, Standish.....	Lectureships and Books on Pathology.....	1,174.68	.74	1,175.42
Osler Endowment.....	Permanent Endowment for Books and Build- ings, by Bequest of Dr. Osler.....	2,186.06	1.38	2,187.44
Osler Testimonial.....	Medical Books and Maintenance of Osler Hall.....	12,121.97	7.68	12,129.65
Ruhrah, John.....	Library, Books and Journals, etc.....	63,813.45	40.41	63,853.86
Stokes, William Royal.....	Lectureships and Books on Bacteriology.....	4,840.13	3.07	4,843.20
Trimble, Isaac Ridgeway.....	Lectureships Only.....	4,133.04	2.61	4,135.65
Woods, Hiram.....	General.....	3,526.46	2.24	3,528.70
		<u>163,037.33</u>	<u>103.24</u>	<u>163,140.57</u>

## CONSOLIDATED FUND—PRINCIPAL—STATEMENT OF PROFIT ON SECURITIES SOLD

For Year Ended December 31st, 1957

SHARES	DESCRIPTION	SALES PRICE	COST	SCHEDULE G-1
				PROFIT To Exhibit G
	STOCKS			
2	Borden Company.....	\$115.35	\$69.96	\$45.39
200	Hudson Bay Oil and Gas, Limited.....	57.85	—	57.85
<i>Rights</i>				
100	Timken Roller Bearing Company.....	105.71	105.71	—
30	Pacific Telephone and Telegraph Company.....	80.81	80.81	—
12	Standard Oil Company of New Jersey.....	2.56	2.56	—
		<u>362.28</u>	<u>259.04</u>	<u>103.24</u>

## FUNDS INVESTED IN FIXED ASSETS—STATEMENT OF PRINCIPAL

December 31st, 1957

	EXHIBIT H
January 1st, 1957—Balance to Credit of Account.....	\$399,131.43
<i>Additions</i>	
October 30th, 1957—1—# 771 Green and Green Domore Chair.....	\$42.50
November 7th, 1957—1—# 7218 Gray Storage Cabinet.....	48.00
	<u>90.50</u>
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....	<u>399,221.93</u>



## BUILDING FUND—STATEMENT OF PRINCIPAL

For Year Ended December 31st, 1957

EXHIBIT I

January 1st, 1957—Balance to Credit of Account.....			\$102,842.32
<i>Additions</i>			
Assessments.....		\$18,605.00	
Interest on Investments.....	\$3,092.50		
Interest on Savings Account—The Savings Bank of Baltimore.....	66.70	3,159.20	21,764.20
			<u>124,606.52</u>
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....			

## CONTINGENT FUND

For Year Ended December 31st, 1957

INCOME—STATEMENT OF NET WORTH

EXHIBIT J

January 1st, 1957—Balance to Credit of Account.....			\$2,038.85
<i>Additions</i>			
Dividends.....	\$408.75		
Interest—United States Government Bonds.....	62.50		
—Savings Account.....	49.26		520.51
			<u>2,559.36</u>
<i>Deduction</i>			
Agency Fee.....			25.00
			<u>2,534.36</u>
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....			

PRINCIPAL—STATEMENT OF NET WORTH

January 1st, 1957—Balance to Credit of Account.....		9,428.42
No Changes During Year.....		—
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....		<u>9,428.42</u>

## MEDICAL ANNALS FUND—STATEMENT OF PRINCIPAL

For Year Ended December 31st, 1957

EXHIBIT K

January 1st, 1957—Balance to Credit of Account.....		\$1,022.14
<i>Addition</i>		
Interest on Savings Account.....		21.70
		<u>1,043.84</u>
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....		

## HARVEY G. BECK LECTURESHIP FUND

For Year Ended December 31st, 1957

EXHIBIT L

STATEMENT OF INCOME

January 1st, 1957—Balance to Credit of Account.....		\$ 319.06
<i>Additions</i>		
Dividends.....	\$117.00	
Interest—Savings Accounts.....	11.28	128.28
		<u>447.34</u>
<i>Deductions</i>		
Agency Fee.....	5.84	
Expense of Lecture by Dr. Dwight H. Murray.....	100.00	105.84
		<u>341.50</u>
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....		

STATEMENT OF PRINCIPAL

January 1st, 1957—Balance to Credit of Account.....	1,998.55
No Changes During Year.....	—
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....	<u>1,998.55</u>

## BALANCE SHEET—DECEMBER 31ST, 1957

## EXHIBIT A

ASSETS		LIABILITIES AND FUNDS	
General Funds		General Funds	
Cash—Maryland Trust Company.....	\$75,642.38	Liabilities	
—Savings Bank of Baltimore—Library Funds.....	5,000.00	Designated Funds	
—Petty Cash Fund.....	100.00	For Library Account—Books and Journals.....	\$202.74
		For Special Library Accounts.....	5 000.00
		For Geriatrics Committee.....	78.00
		For Dental Books.....	52.47
			\$5,333.21
		Withholding Tax—United States—December, 1957.....	913.60
		—Maryland—Fourth Quarter, 1957.....	241.31
			1,154.91
		Total General Fund Liabilities.....	6,488.12
		Reserve for Contingencies.....	50,000.00
		General Fund Surplus—Exhibit C.....	24,577.36
		Total General Fund Liabilities, Reserve and Surplus.....	\$81,065.48
		Consolidated Fund—Income Funds	
		Liabilities	
		Due to General Fund—From Lewellys F. Barker Fund—Exhibit F.....	10.40
		—From Charles M. Ellis Fund—Exhibit F.....	125.43
		—From William F. Frick Fund—Exhibit F.....	129.47
		—From John Ruhrah Fund—Exhibit F.....	8.00
		Total.....	273.30
		—From Special Savings Account.....	1.00
		Total Consolidated Fund—Income Funds—Liabilities.....	274.30
		Net Worth—Exhibit E.....	41,115.95
		Total Consolidated Fund—Income Funds—Liabilities and Net Worth.....	41,390.25
		Consolidated Fund—Principal Funds	
		Principal Funds	
		Designated Funds—Exhibit G.....	163,140.57
		Total Consolidated Fund—Principal Funds.....	163,140.57
		Funds Incited in Fixed Assets	
		Principal—Exhibit H.....	399 231.93
		Total Consolidated Fund—Principal Funds.....	163,140.57

ASSETS—Continued

Personal Property—Appraised Figures at December 31st, 1949  
and Additions at Cost

Library Books and Journals.....	231,370.00
Office, Library, Household Fixtures, Antiques and Museum Pieces.....	24,097.22
Portraits.....	14,000.00
<b>Total Funds Invested in Fixed Assets.....</b>	<b>269,467.22</b>

<b>Total Funds Invested in Fixed Assets.....</b>	<b>399,221.93</b>
Forwarded.....	684,818.23
Brought Forward.....	684,818.23
<b>Building Fund</b>	
Cash—First National Bank—Checking Account.....	\$1,667.12
—The Savings Bank of Baltimore.....	2,287.02
—Undeposited Receipts.....	710.00
<b>Investments—Cost</b>	
United States Government Bonds.....	91,048.76
Public Utilities, Railroads, etc. Bonds.....	28,898.62
<b>Total Building Fund Assets.....</b>	<b>124,606.52</b>

<b>Contingent Fund—Income</b>	
Cash—The Savings Bank of Baltimore.....	2,054.02
Due from Contingent Fund—Principal.....	480.34
<b>Total Contingent Fund—Income Assets.....</b>	<b>2,534.36</b>
<b>Contingent Fund—Principal</b>	
Uninvested Cash—Maryland Trust Company.....	79.95
<b>Investments—Cost</b>	
United States Government Bonds.....	2,500.00
Common Stocks.....	7,328.81
<b>Total Contingent Fund—Principal—Assets.....</b>	<b>9,908.76</b>

<b>Medical Annals Fund</b>	
Cash—Union Trust Company of Maryland.....	1,043.84
<b>Total Medical Annals Fund—Assets.....</b>	<b>1,043.84</b>
<b>Harvey G. Beck Lectureship Fund—Income</b>	
Cash—The Savings Bank of Baltimore.....	341.50
<b>Total Harvey G. Beck Lectureship Fund—Income Assets</b>	<b>341.50</b>
<b>Harvey G. Beck Lectureship Fund—Principal</b>	
Uninvested Cash—Maryland Trust Company.....	163.15
<b>Investments—Cost</b>	
Common Stock.....	1,835.40
<b>Total Harvey G. Beck Lectureship Fund—Principal Assets.....</b>	<b>1,998.55</b>

<b>Total Assets.....</b>	<b>825,251.76</b>
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LIABILITIES—Continued

<b>Total Funds Invested in Fixed Assets—Principal.....</b>	<b>399,221.93</b>
Brought Forward.....	684,818.23
<b>Building Fund</b>	
Principal—Exhibit I.....	\$124,606.52

<b>Total Building Fund—Principal.....</b>	<b>124,606.52</b>
<b>Contingent Fund—Income</b>	
Net Worth—Exhibit J.....	2,534.36

<b>Total Contingent Fund—Income—Net Worth.....</b>	<b>2,534.36</b>
<b>Contingent Fund—Principal</b>	
Due to Contingent Fund.....	480.34
Contingent Fund—Principal—Net Worth—Exhibit J.....	9,428.42
<b>Total Contingent Fund—Principal—Liabilities and Principal.....</b>	<b>9,908.76</b>

<b>Medical Annals Fund</b>	
Principal—Exhibit K.....	1,043.84
<b>Total Medical Annals Fund—Principal.....</b>	<b>1,043.84</b>
<b>Harvey G. Beck Lectureship Fund—Income</b>	
Balance—Exhibit L.....	341.50
<b>Total Harvey G. Beck Lectureship Fund—Income Balance.....</b>	<b>341.50</b>
<b>Harvey G. Beck Lectureship Fund—Principal</b>	
Principal—Exhibit L.....	1,998.55

<b>Total Harvey G. Beck Lectureship Fund—Principal.....</b>	<b>1,998.55</b>
<b>Total Liabilities and Funds.....</b>	<b>825,251.76</b>

March 7, 1958

## CERTIFICATE

THE MEDICAL AND CHIRURGICAL FACULTY  
OF THE STATE OF MARYLAND,  
1211 CATHEDRAL STREET,  
BALTIMORE 1, MARYLAND.

## GENTLEMEN:

We have made an audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of The State of Maryland for the year ended December 31st, 1957. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty as of December 31st, 1957, and after transferring \$26,500.00 out of current income to the Reserve for Contingencies, the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully submitted,

WOODEN, BENSON & WALTON  
Members of American Institute  
of Certified Public Accountants

## COUNCIL (1957)

## Mr. President and Members of the House of Delegates:

The Council met in April, May, June, September, October and December, 1957, and the Executive Committee met in May, June, September, November and December, making a total of eleven meetings from April through December 1958. Many of the subjects are not included in this report as these minutes include seventy-four pages of single spaced typing.

The Council approved the "Position, Classification and Specification Study."

A special meeting of the Council was called at the request of the Baltimore County Medical Association in regard to the Medical Health Plan Sponsored by Glenn L. Martin Company.

Union sponsored closed panels—problems were discussed and Committees appointed to make studies and recommendations.

Physicians' Defense, as of April to December, 1957, was authorized for two members and one case was settled.

When Maryland Medical Service, Inc., was established, this Association contributed \$5,050.00, and Blue Shield has now returned this money. It has been deposited in the Ruhrah Fund from which it was borrowed in 1950.

Members were appointed on the following Committees (these are either newly appointed Committees or vacancies on specific Committees): Advisory Committee to Medicare Program; Committee to Advise and Consult With Dr. Camp Regarding Union Sponsored Clinic; Committee to Meet With Representatives of Labor; In lieu of a Memoir Committee, the Council was authorized by the House of Delegates to appoint a Memoir Appointee and selected Dr. A. S. Chalfant; Representatives appointed to represent the Medical and Chirurgical Faculty on the Maryland Joint Committee for Improvement of the Care of Patients Sponsored by Maryland-District of Columbia-Delaware Hospital Association; Liaison Committee to Handle Problems of Accreditation; Com-

mittee to Cooperate with Committee of State Department of Health on Asian Influenza; Committee to Select a Suitable Memorial to Dr. Charles R. Austrian; Reactivation of Polio Vaccine Committee; and Medical Advisory Committee to the Bureau of Old Age and Survivors Insurance—District Office.

The Council appointed Dr. Leo Brady to the Editorial Board of the State Medical Journal to take the place of Dr. Emil Novak, deceased.

Redecorating and improvements of the property of the Faculty (1211, 1215, 1217 Cathedral Street) were considered and to take care of this the necessary funds were allocated.

In compliance with the State Law, recommendations were made in most instances to the Governor for appointment to the following: Council on Medical Care—(State Health Department); State Board of Physical Therapy Examiners; Advisory Council on Hospital Construction; and the Advisory Board on Hospital Licensing.

Federal and State legislation was reviewed and when required specific action was taken, and in some instances the Component Societies were alerted.

The Medicare Program has many ramifications and therefore questions, etc., are being referred to Council. These include contracts, fees for specialties, Committee appointments, etc.

The Executive Committee carried out the mandates of the House of Delegates in setting up the position of Executive Secretary and abolished the position of Director, and gave Mr. Marden a gift upon termination of his service.

The office is directed to send the usual letter (copy attached) to delinquent members being dropped from membership for non-payment of dues, assessments and Building Fund assessments. The Constitution and By-Laws indicate that unless dues and assessments are paid before the Annual Meeting, these members will be considered delinquent. The Executive Committee interprets this as meaning the Annual Meeting of the current year, and not the following year.



Council approved the request of the Committee on Scientific Work and Arrangements for having the Annual Meeting, 1958, in the Alcazar; and that the House of Delegates meet in the afternoon of Friday, April 18, (last day of Annual Meeting) rather than in the morning as has been the custom.

The Council activated the appointment of Councilors to Districts as specified in the Constitution and By-Laws.

Dr. Warde B. Allan resigned as our delegate to the American Medical Association as he has been elected to the A.M.A. Council on Medical Education and Hospitals. To fill his term until the April, 1958 House of Delegates meeting, the Council appointed Dr. George H. Yeager.

Suggestions from Dr. A. R. Koontz, Chairman of the Committee on Veterans' Medical Care were considered.

Mr. G. C. A. Anderson was again selected by the Council to be the legal counsel.

Dr. Ross McLean tendered his resignation on the Council as he was transferred to a newly created chair in Tuberculosis and Pulmonary Diseases at Emory University.

The Council appointed Dr. R. Carmichael Tilghman in Dr. McLean's place until the House of Delegates meets in April, 1958.

Dr. Lusby, Chairman of the Committee to Investigate Group Insurance was to be notified that the Council decided it was not feasible for the clerical work for group insurance be done by the Faculty staff, nor could it assure a company a given percentage of members who would buy group insurance.

At several meetings Dr. Goldstein and Dr. O'Donnell discussed future building plans for the Faculty.

Officers of the Baltimore City Medical Society met with the Executive Committee and discussed future financial arrangements.

The Semiannual Meeting will be held in Ocean City, September 12, 1958.

The Annual Meeting of the Faculty will be April 15, 16, 17, 1959.

Council appointed members as follows: Maryland Hospital Service—Corporate Members; Maryland Medical Service—Class A Members; Medical Relations Committee; Reference and Appeals Committee. The Council elected Dr. Leo Brady as its Chairman for 1958, and Dr. Howard M. Bubert to be Vice-Chairman.

At practically every meeting recommendations or suggestions of the Planning Committee were reviewed and approved or disapproved. Among these were uniform dues for all Component Societies, use of facilities of Faculty Building by Component Societies to be on a rental basis.

The services of the firm of Rogers, Slade and Hill, Management Consultants were obtained and their employee, Mr. Roscoe C. Edlund, made a preliminary survey of the Faculty.

The Committee was selected and appointed to recommend an Executive Secretary for the Faculty, as well as to have a survey made of the State Association.

On December 19, 1957, which was my last Council meeting I said that as I looked back the achievement which gives me the most satisfaction is the creation of the Planning Committee.

Respectfully submitted,  
WARFIELD M. FIROR, M.D., *Chairman*

## COUNCIL (1958)

### Mr. President and Members of the House of Delegates:

Since my assuming the Chairmanship of the Council as of January 1, 1958, there have been two meetings of the Council, February 26th and March 27th. The Executive Committee has had three meetings, January 17th, February 25th and March 13th, 1958.

The Council is to meet on the third Tuesday, every other month, and the following are the dates for 1958: March 27; April 16—Annual Meeting; June 17; August 19—No meeting; September 11—Semiannual Meeting; October 21, and December 16, 1958.

The Executive Committee will meet monthly on the first Thursday of each month and additional emergency meetings may be called. At this writing the scheduled meetings are: March 6; April 3—Tentative; May 1; June 5; July 3—No meeting; August 7—No meeting; September—in late August or early September; October 2; November 6, and December 4, 1958.

The Councilors have been assigned to the Component Medical Societies and the Councilors will be glad to visit the Component Societies to which they have been assigned, providing they are asked by the Component Societies.

The Special Meeting of the House of Delegates was arranged for February 26, 1958.

The Council approved the recommendation of the Survey Committee to appoint Mr. John Sargeant of Binghamton, New York, as Executive Secretary of the Medical and Chirurgical Faculty at an annual salary of \$11,000.00 per year.

As Dr. Wilson Grubb is the Chairman of our Medical Advisory Committee for the Medicare Program, he has been appointed to make the negotiations for this year for the Faculty.

The Faculty Committee to Draft a Fee Schedule for the Armed Forces Dependents' Medical Care Act, under the Chairmanship of Dr. Karl F. Mech, was reactivated. Changes in certain specialty fees under Medicare were approved.

In compliance with the request of Dr. Grubb, the following were added to the Advisory Committee on Medicare; Dr. S. M. Christhilf, Dr. Robert L. Baker, Dr. R. S. Waterman.

Dr. John Dean Wilson was recommended by the Maryland Academy of General Practice and he is to take the place of Dr. S. Lloyd Johnson, deceased.

It was decided to approve the Red Cross Blood Bank Program, which is now being considered by the Baltimore City Medical Society, which decision changed the previous position of the Council.

This program is for Anne Arundel County, Baltimore City, Baltimore County, Harford County and Howard County.

Panels of expert witnesses were provided in defense cases; two members were given Physicians' Defense, and Mr. Anderson reported settlement of cases.

Proposed amendments to the Constitution and By-Laws and Resolutions which are to be presented to the House of Delegates in April were considered.

Under Legislative matters: Senator Beall's representative suggestions were reviewed; Forand Bill; Dr. Mech and Mr. Kirkman were advised as to action to take on Bills before

the General Assembly of Maryland, and Dr. Mech reported on the final outcome on these bills.

The following relating to the State Department of Health were reviewed:

The proposed plan of State Employee Health Services was discussed, and the Executive Committee met with representatives of the State Department of Health and our Committee to Advise the State Department of Health. The following motion adopted by the Faculty Committee to Advise the State Department of Health was approved by the Executive Committee: The Committee is opposed to the program of the Health Department which would establish a complete diagnostic clinic. Further, that the Committee disapproves the action of the Health Department in consulting with the U. S. Public Health Service without securing the attitude of the organized medical profession to the plan. The Committee recommends in lieu of the plan that a first aid station be established in the new state office building. Space should be made available for this purpose with a nurse in charge and a doctor on call when necessary to render first aid to any employee who is ill or injured.

With this same group of representatives of the State Department of Health, the changes in the law relating to licensing of hospitals in reference to proposed hospital staff requirements were reviewed, and some of the features objected to, were changed by the State Health Department.

Under the laws of Maryland the Faculty recommends appointees to various Boards and up to this time, names will be submitted to Governor McKeldin for terms of office which start during 1958;

1. Advisory Council on Hospital Construction.
2. State Board of Physical Therapy.

Some of the other subjects discussed were appropriations for Committee on Prevention of Automotive Highway Disasters; Dr. Koontz's letter indicating there should be a change in the Minutes of the House of Delegates for May 3, 1957 and it was agreed that such a rewording must be made by the House of Delegates who had adopted these Minutes; the Trustees appointed by the Council to the Maryland Medical Service will be asked to report from time to time to the Council.

Dr. D. H. Deming, Allegany-Garrett County Medical Society, has completed fifty years of membership and automatically is assigned the classification of Fifty Year Member.

*The Council recommends to the House of Delegates the following members for Emeritus Membership:*

*Allegany-Garrett County*

*Dr. Winter H. Frantz*

*Anne Arundel County*

*Dr. J. Leroy Wright*

*Baltimore City*

*Dr. Ernest S. Cross*

*Dr. Arthur J. Davis*

*Dr. Sahler M. Greenberg*

*Dr. J. Mason Hundley*

*Dr. Lloyd W. Ketron*

*Baltimore County*

*Dr. Walter M. Hammett*

*Prince George's County*

*Dr. Z. M. Brady*

*Washington County*  
*Dr. O. H. Binkley*

Respectfully submitted,  
LEO BRADY, M.D., *Chairman*

## DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

### Mr. President and Members of the House of Delegates:

Your Delegate has completed nine years in the House of Delegates and, due to the pressure of being appointed to the Council on Medical Education and Hospitals of the American Medical Association, has been forced to resign as Delegate. These have been nine enjoyable years and I must thank the members of the Maryland Medical and Chirurgical Faculty for the privilege of having represented them.

The reports of the actions of the House of Delegates for the New York meeting in June and the Philadelphia meeting in December, 1957, can be found in the Journal of the American Medical Association. As usual, a great deal of business came before the House of Delegates.

At the Annual Meeting, a new "Principles of Medical Ethics" was passed. All physicians should see this brief report.

A suggested guide for relations with the U.M.W.A. Fund between the State and County Societies was drawn up and adopted. This is a very well worded guide.

The Medicare Program came under discussion at both the June and December meetings.

The House again reaffirmed their opposition to compulsory coverage of physicians in the Old Age and Survivors Provisions of the Social Security Act.

At the December meeting, the Heller Report of the Reorganization of the American Medical Association was reported on and the whole reorganization as suggested, with few exceptions, is being adopted. This will be finally voted upon in June.

The Delegates were flooded with literature regarding fluoridation of water and a report was made, favoring the continuance of fluoridation.

The House of Delegates condemned the Forand Bill as undesirable legislation.

Your Delegate is delighted that Dr. George Yeager is to represent the Faculty at the American Medical Association House of Delegates sessions.

Respectfully submitted,  
WARDE B. ALLAN, M.D.

## DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

### Mr. President and Members of the House of Delegates:

#### 11th Clinical Meeting, December 3-6, Philadelphia, Pa.

The key note of the meeting was sounded by Dr. David B. Allman relative to opposition of the Forand Bill on a national, state, county and personal basis.

The problem of fluoridation of water was discussed and every delegate was besieged months before by volumes of information opposing water fluoridation. The American Medical

Association upheld the previous concept in favor of fluoridation of public water supplies.

The American Medical Association reaffirmed the previous interpretations of the Principles of Medical Ethics by the Association's Judicial Council and directed that they be called to the attention of all constituent associations and component societies. The contract practice of medicine would be determined to be unethical if "a reasonable degree of free choice of physician is denied those cared for in a community where other competent physicians are readily available." In another action related to the issue of free choice, the House adopted a resolution condemning the current attitude and method of operation of the United Mine Workers of America Welfare and Retirement Fund "as tending to lower the quality and availability of medical and hospital care to its beneficiaries."

Various internal changes in the American Medical Association were made as a result of the Heller Report.

A set of "Guiding Principles for an Occupational Health Program in a Hospital Employee Group" was approved by the House. The guides were developed by a joint committee of the American Medical Association and the American Hospital Association and already had been formally approved by the A.H.A. It is essential that employee health programs in hospitals, as in industry, be established as separate functions with independent facilities and personnel. The fact that hospitals are engaged in the care of the sick as their primary functions does not alter the necessary organizational plan for an effective occupational health program.

A 115-page "Guide to the Evaluation of Permanent Impairment of the Extremities and Back" which was developed by the Committee on Medical Rating of Physical Impairment as the first in a projected series of guides is published and available.

It was suggested that Physicians and their friends make a vigorous effort to obtain Congressional enactment of the Jenkins-Keogh Bills.

A pamphlet entitled "Suggested Guides to Relationships Between Medical Societies and Voluntary Health Agencies" is available.

The meeting, all in all, was interesting and informative. In my opinion, decisions were consistent with the ethical approach to the practice of medicine in the United States as a whole.

Respectfully submitted,  
ROBERT V.L. CAMPBELL, M.D.

# BOARD OF MEDICAL EXAMINERS OF MARYLAND

(The names of members are nominated by the House of Delegates of the Medical and Chirurgical Faculty, are presented to the general meeting of the Faculty at which time there may be nominations from the floor prior to the final election.)

## Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

Dr. Lewis P. Gundry —1958  
Dr. Wylie M. Faw, Jr. —1958  
Dr. John H. Hornbaker —1959

Dr. Frank K. Morris —1959  
Dr. Walter C. Merkel —1960  
Dr. Samuel McLanahan —1960  
Dr. Vernon H. Norwood —1961  
Dr. Norman E. Sartorius, Jr.—1961

As the terms of Dr. Gundry and Dr. Faw expire in June, 1958, two members to serve until 1962 are to be elected at the meeting of the Medical and Chirurgical Faculty.

Examinations given during the year show the following results:

Applications for examination.....	609
Second year students examined.....	129
Postponed or withdrawn.....	41
Did not complete.....	4
Reexamined to raise grades (after license).....	2
Not eligible for license.....	176
Examined in second part of examination.....	140
Complete examination given.....	241
Reexamined.....	52
Eligible for license.....	433
Passed.....	329
Failed.....	104 433
Of the 104 who failed, 96 were graduates of foreign medical schools, 2 were graduates of University of Maryland, 4 were graduates of Howard University, 1 a graduate of the College of Medical Evangelists, and 1 a graduate of Meharry Medical College.	
Licenses issued after examination.....	329
Licenses issued by endorsement of other States' licenses.....	113
Licenses issued by endorsement of National Board certificates.....	82
Total licenses issued.....	524
Licenses revoked.....	2
Licentiates certified to other States.....	257
Copies of licenses issued.....	9
Foreign graduates approved for examination (approximately).....	250
Foreign graduates examined.....	232
Foreign graduates failed.....	96
Written inquiries from foreign graduates (approximately).....	850
Office interviews with foreign graduates (approximately).....	500
Telephone inquiries from foreign graduates (estimated).....	1,500

## Abolition of Homeopathic Board

Probably the most important change in the activities of the Board during the past year was the signing by the Governor on February 1, 1957 of Senate Bill #13, which abolished the Homeopathic Board and placed the responsibility for regulating the practice of medicine in Maryland in one licensing Board, that representing the Medical and Chirurgical Faculty of Maryland. In an attempt to delay the effective date of the new law, Dr. Robert H. Reddick, who had previously filed a petition to invalidate the Board representing the Medical and Chirurgical Faculty, filed a referendum to have

the question of the new law put on the ballot in the November elections. The Attorney General ruled the petition illegal as some of the signatures were fraudulent and there were other improprieties. The law became effective June 1, 1957.

In May, 1957 the Court of Appeals affirmed the decision of the lower Court enjoining Dr. Reddick and certain other persons from acting as a Board of Medical Examiners (Homeopathic) and from conducting examinations and issuing licenses that would authorize the practice of medicine. The decision also enjoined Dr. Reddick from acting or purporting to act as Secretary of any such Board.

#### *Educational Council for Foreign Medical Graduates (Screening Board)*

After three years of planning, the Educational Council for Foreign Medical Graduates, sponsored by the American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Federation of State Medical Boards, began to function on October 1, 1957 at Evanston, Illinois.

The Educational Council for Foreign Medical Graduates will indicate that the holder has met the minimal requirements of formal education and has a command of the English language sufficient to assume an internship in an American hospital.

The certificate will provide hospitals, licensing and specialty Boards with the results of the three-way investigation of designated foreign graduates. Detailed information on the plan has been sent to hospitals in Maryland, libraries and to Secretaries of the Baltimore City and County Medical Societies.

#### *Requirements for Graduates of Foreign Medical Schools*

The present regulations of this Board with regard to foreign medical school graduates require that a formal Declaration of Intention to become a citizen of the United States, or a Naturalization Certificate, shall be submitted for inspection, and that the candidate shall serve at least three years in an approved hospital in the United States, one year of which shall be a rotating internship or one year residency in internal medicine. One of the necessary three years shall be served in a Maryland hospital.

#### *Change of Grade*

A grade of at least 75% in each subject is now required of all candidates in order to be eligible for license.

#### *New York Reciprocity*

Endorsement of the Maryland license by the New York Board has been resumed with the inclusion of questions in Bacteriology, and Hygiene and Public Health in the Maryland examinations.

The endorsement has been suspended for sometime because the Maryland examination did not include such questions.

#### *Naturopaths*

A Naturopath, Kenneth Hitchcock, had been convicted in May, 1956 of practicing medicine without a license. He was

fined \$100 and costs in each of four cases but appealed the verdict. On May 8, 1957 the Court of Appeals affirmed the decision of the lower court.

#### *Annual Congress on Medical Education and Licensure*

The Annual Congress on Medical Education and Licensure was attended by Dr. McLanahan, Dr. Morris and Dr. Gundry.

Respectfully submitted,  
FRANK K. MORRIS, M.D., Secretary

### MEDICAL PRACTICE ACT

State Board of Medical Examiners (as of June 3, 1958)—Wylie M. Faw, Jr., John H. Hornbaker, Walter C. Merkel, *Vice-President*; Vernon H. Norwood, Norman E. Sartorius, Jr., Lewis P. Gundry, *President*; Samuel McLanahan, Frank K. Morris, *Secretary*; 1215 Cathedral Street, Baltimore 1, Maryland.

**Meetings of the Board of Medical Examiners of Maryland**—The regular annual meeting is held the first Tuesday in June and other meetings are held about four times a year at such times as the discretion of the Board may determine. Special meetings are held from time to time to consider particular policies or problems.

**Regular Examinations**—Examinations are held in Baltimore, the third Tuesday in June for four consecutive days and the second Tuesday in December for four consecutive days.

**Reciprocity or Endorsement Information**—The license of the Board of Medical Examiners of Maryland is recognized for license without examination in the following States: Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin.

Many States, however, have special requirements which must be met by each applicant for license by reciprocity or endorsement.

Certain other States require a year of residence in the State granting the original license after the license is issued.

Another State requires a rotating internship before license, or two years of practice after license.

West Virginia requires a baccalaureate degree.

States having Basic Science Laws may require an examination in Basic Sciences. Applicants should write the State in which they are interested, to learn of these particular requirements.

Diplomates of the National Board of Medical Examiners are also admitted to license without examination.

Information connected with Medical Examinations and licensure may be obtained by addressing the Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.



# LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

(Elected by House of Delegates)

## Mr. President and Members of the House of Delegates:

Although we have been much hampered by an insufficient staff, a few, pitifully few, things have been accomplished this past year, even though they are not all we had hoped for.

Our Assistant Librarian, Miss Shanahan, was with us but six months, when she became homesick and left just as she was beginning to be of some use to us. We were sorry to lose her, as she was a conscientious and careful worker. So far, we have been unable to replace her with a suitable person but are still trying to do so. In the meantime, Mr. J. A. Maguire agreed to come to us on full time Nov. 14th as a temporary measure on both sides. He has been very helpful with the heavy and some of the more simple clerical work. Miss Woods continues to be our faithful stand-by, doing her share of all duties but the actual cataloguing. Until she was granted her raise in salary, for which we were most grateful, we were unable to obtain even an untrained clerical worker, without paying more than she was then receiving. We mention this, not because we are unsympathetic with the financial problems of the Faculty, but in explanation of our inability to fully man the Library Staff and in hopes that she may later be remunerated in commensuration with her services.

The duplicate journals purchased by Walter J. Johnson have been paid for and the check for \$5,000.00 deposited in the savings bank to be used for the library at the discretion of your Committee.

Both sides of the basement stacks have been water color painted. They look very much better but nothing has yet been done to the windows to prevent seepage of dirt. Although we clean periodically, this should be attended to promptly. Unfortunately, before the floors were quite dry, we had a flood all over the basement, which has somewhat marred their pristine look. The primary journals from A to M before 1900, were cleaned and properly arranged on the shelves, fortuitously so that the water did not reach them. Had they been as previously shelved, many would have been water damaged. Material not wanted by Walter J. Johnson or by us, has either been discarded or listed for the Medical Library Association Exchange. When this is finally packed and shipped, there will be sufficient room to move downstairs, the remaining part of the alphabet of our primary journals prior to 1900. This bare statement gives no idea of the immense amount of work involved in these transactions.

Donation of journals which have a sale value and are not wanted by us, have been sold to Walter J. Johnson as they accumulate. We hope to make this a continuous procedure, the money received to be used for special projects. At present, payment for mileage to and from County Medical Society Meetings, is taken out of this Fund.

At the Library Committee Meeting in June, Dr. Guyther proposed and the Committee concurred, in his suggestion to have collections of books and journals on hand for County Medical Society Meetings. All twenty-two of the component County Societies were asked to designate one or two of their meetings when they would like to have a collection of books

and journals displayed for their members to look over, borrow and to become better acquainted with their library and what it has to offer them. The percentage of replies, even after a second appeal, has been somewhat discouraging, but on the other hand, we did not expect any great demonstration of enthusiasm and are content to persevere until our hoped for goal is obtained. Public relations or just plain old fashioned advertising, is a slow process; results are obtained only by constant repetition. We sincerely hope to continue this service and that more and more of our County Societies will avail themselves of the opportunity.

At long last we are well on our way to obtaining a uniform balance with that of the office. Due to misunderstanding of some financial procedures, our accounts were not quite accurate.

Aside from regular routine duties, there are a number of things which urgently need attention, such as going over the textbooks (duplicates) in the other side of the basement stack, discarding many, listing others for Medical Library Association Exchange and arranging, cleaning and listing those which seem worth keeping in duplicate. Some of these books have a monetary value and if a triplicate, we might consider selling them. Since this type of work is tedious and takes much time, we shall undertake other things first. The primary journals N to Z prior to 1900 should be moved downstairs, the upstairs book stacks redistributed to allow for growth, both in textbooks and in journals and the rare books, which are arranged in several categories, gone over and arranged properly, since they are at present in disarray. We also feel that the upstairs stacks need painting and the windows fixed, so that water does not come in when there is a hard rain.

We have not before mentioned the catalogue, since this is contingent on an assistant librarian who can devote the major portion of her time to it over, we fear, a number of years. At present, we shall have to be content to have the new books done and some of the old material which has been put aside because of lack of time to process it, a considerable amount of which is historical and is therefore not simple routine cataloguing.

## STATISTICAL REPORT OF THE LIBRARY COMMITTEE FOR THE YEAR 1957

Name	Reprints & misc.	Reports & Pamphlets	Bound Journals	Un-bound Issues	Books
Academy of Medicine of Cin.					2
American Clin. & Climatological Ass'n.....					1
American College of Physicians.....					1
American Heart Ass'n.....		26			1
American Medical Ass'n.....					1
American Neurological Ass'n..					1
American Surgical Ass'n.....					2
American Urological Ass'n.....					1
Ass'n. of American Physicians..					

STATISTICAL REPORT OF THE LIBRARY COMMITTEE  
FOR THE YEAR 1957—Continued

Name	Reprints & misc.	Reports & Pamphlets	Bound Journals	Un- bound Issues	Books
Ass'n. for Research in Nervous & Mental Diseases.....					1
Austrian, Dr. C. R. (His estate).....				195	
Ballard, Mrs. Edwin K.....					17
Baltimore, Dept. of Health.....		1			
Baltimore, Dept. Public Wel- fare.....		1			
Beck, Mrs. Harvey G.....		41			
Brady, Dr. Leo.....				58	
Brantigan, Dr. O. C.....				166	
Carnegie Institution of Wash- ington.....					1
Cincinnati Academy of Medi- cine.....					2
Coad, Mrs. J. Francis.....					31
College of American Patholo- gists.....					1
Corn Products Refining Co.....					1
Crahan, Dr. T. F.....				5	20
Cross, Dr. E. S., Jr.....				21	
Davis, C. C., Ph.D.....					1
Coggins, Dr. Jesse C.....				132	
Consejo Nacional de Tubercu- losis, Habana.....		1			
Dodson, Mr. C. M.....	5 misc.				
Drug Publications, Inc.....				15	1
Dunton, Dr. W. R., Jr.....					1
Eastland, Dr. J. S.....				271	
Enoch Pratt Free Library.....					1
Evans, Dr. John.....				123	
Feldman, Dr. Maurice.....				435	6
Ford Foundation.....					1
Fort, Dr. Wetherbee.....				149	
Franklin Square Hospital, Balt.....		1			
Frederick Memorial Hospital..		1			
Freie Universitat Berlin.....					1
Garlick, Dr. W. L.....				36	
Geraghty, Dr. Frank.....				37	
Goldstein, Dr. A. E.....				31	
Group for the Advancement of Psychiatry.....		1			
Heart Ass'n of Maryland.....		17			
Hersperger, Dr. W. G.....				174	
Hill & Knowlton, Inc.....					1
Hopkins, Col. E. S.....					1
Hundley, Dr. J. M.....				102	
Hyman, Dr. Calvin.....				475	103
Hynson, Westcott & Dunning.....				26	
Imperial Cancer Research Fund.....		1			

STATISTICAL REPORT OF THE LIBRARY COMMITTEE  
FOR THE YEAR 1957—Continued

Name	Reprints & misc.	Reports & Pamphlets	Bound Journals	Un- bound Issues	Books
Indiana University.....					7
Institute of Living.....		1			
Jefferson Medical College.....					1
Joint Committee on Librari- anship.....		2			
Josiah Macy Foundation.....					1
Kellogg, W. K. Foundation...				2	
Kern, Dr. H. M.....				153	
Kimberly, Dr. Robert C.....				18	
Koontz, Dr. Amos R.....				131	1
Lakeside Laboratories.....					1
Levin, Dr. M. B.....	2				
Lewis, Dr. J. L., Jr.....					41
La. State Board of Health....		1			
Mansdorfer, Dr. G. B.....				34	
Md. Dept. of Mental Hygiene..		1			
Maryland Historical Society..					1
Mass. Heart Ass'n.....					1
Mass. Memorial Hospitals....					1
Mayo Clinic Library.....		1			
Medical Library Ass'n Ex- change.....				279	
Medical Society of the State of Pa.....		1			
Metropolitan Life Insurance Co.....	2				
Miller, Mrs. Henry C.....	1				
Miller, Dr. Mitchell.....				108	
Moore, Dr. J. E.....				273	
Mosby, C. V. & Co.....					1
Mueller, V. & Co.....				19	
National Soc. for Crippled Children.....	1				
New York Medical College...				1	
Niermann, Dr. W. A.....				51	
Northwestern University.....					1
Riley, Dr. R. H.....				170	
Rockefeller Foundation.....					2
Rockefeller Institute for Med. Res.....				1	2
Ross Laboratories.....		6			
Royal College of Physicians of London.....		1			1
St. Agnes Hospital.....				76	
Searle Research Laboratories..		2			1
Shealy, Dr. W. H.....				125	
Singewald, Dr. M. L.....				525	
Societa Italiana di Ortopedia..					3
Southern Surgical Ass'n.....					1
Spear, Dr. I. J.....				100	
Thomas, Dr. R. E.....		1			
Stacy, Dr. Theodore E.....	4			55	3
Trimble, Dr. I. R.....	297			301	32

STATISTICAL REPORT OF THE LIBRARY COMMITTEE  
FOR THE YEAR 1957—Continued

Name	Reprints & misc.	Reports & Pamphlets	Bound Journals	Un- bound Issues	Books
U. S. Children's Bureau . . . . .		5			
U. S. National Institute of Health Library . . . . .		3			
University of Maryland . . . . .		2			
University of Michigan . . . . .					1
University of Oklahoma . . . . .				8	
University of Texas . . . . .		1			
Wellcome Trust London . . . . .	1				
Williams, Dr. Charles R. . . . .				119	
Williams & Wilkins Co. . . . .					1
Wise, Dr. Walter D. . . . .				7	1
Wollenweber, Dr. Henry L. . . . .			3,279		
Women's Hospital . . . . .		1			
Woods Schools . . . . .		2			
Young, Dr. Betty M. . . . .				135	
Totals . . . . .	308	134		8,935	302

When you consider that each of these items must be looked up in the catalogue to see whether a duplicate, decided whether to keep as a duplicate and add to that file, discard as worthless, list for the Medical Library Ass'n. Exchange, or pack and ship to Walter J. Johnson for sale, you may have some slight conception of the work involved. Even those discarded and sold for old paper must be tied in bundles and taken to the spot where such material is held until enough has accumulated to sell. Courtesy cards issued for borrowing privileges—33.

Circulation	
Bound Journals . . . . .	1,323
Unbound back issues . . . . .	119
Textbooks . . . . .	707
Current journals . . . . .	384
Total . . . . .	2,533
(Of these 190 were loaned to other libraries.)	

Library Holdings	
Total volumes Dec. 31, 1956 . . . . .	80,043
Added in 1957 . . . . .	745

Volumes in library . . . . .	80,788
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Binding	
Number of journals bound . . . . .	391
Cost of binding . . . . .	\$1,570.90

Attendance . . . . .	1,564
This represents actual registration: roughly, one third never get their names on the book.	

County Loans

84 packages were sent to the various county members. This does not include any sent to other libraries in the state; these are included in volumes lent to other libraries.

Statistics after all are but an indication and give little idea of the volume of work which is done. Reference work has somewhat increased and the telephone load is definitely heavier. Much of our time is taken up with picking out doctors for would be patients, specialists in given areas, graduates of particular schools etc. and the checking of the educational background of several for the patient to choose from. There has been a decided trend to request physicians near homes, rather than Baltimore city doctors. Even zone numbers do not help us there sometimes.

When we have a full staff, we shall endeavor to keep statistics for other items and to make those now kept more accurate.

It is the earnest hope of the library staff and your Committee that some of these things will be accomplished in the coming year of 1958. Our library is an excellent one for its size, its monetary value far less than its intrinsic value to future generations of physicians. It should be taken care of so that posterity will not find us wanting in our trust. Respectfully submitted,

Library Committee

Louis Krause, M.D., *Chairman*, 1960  
E. T. Lisansky, M.D., 1958  
Lester A. Wall, Jr., M.D., 1959  
A. Austin Pearre, M.D., 1961  
J. Roy Guyther, M.D., 1962  
Joseph E. Medina, D.D.S.

Finney Fund Committee

Herbert E. Wilgis, M.D., *Senior Member*, 1958  
Henry J. L. Marriott, M.D., 1959  
George G. Finney, M.D., 1960  
John W. Chambers, M.D., 1961  
Richard T. Shackelford, M.D., 1962

COMMITTEE ON SCIENTIFIC WORK AND  
ARRANGEMENTS. (1957)

(Elected by House of Delegates)

Mr. President and Members of the House of Delegates:

The Annual<sup>1</sup> and Semiannual<sup>2</sup> Meetings for 1957 were arranged by this Committee. The attendance at the Annual Meeting, in spite of the many prominent local and out-of-state speakers, was less than had been expected. However, those who attended the scientific sessions apparently felt they were quite educational and worthwhile. The Semiannual Meeting once again proved most successful in Ocean City on September 20, 1957, with a registration of 420, which was the largest we have ever had at a Semiannual Meeting.

Respectfully submitted,  
EDMOND J. McDONNELL, M.D., *Chairman*  
NORMAN R. FREEMAN, JR., M.D.

<sup>1</sup> Annual Meeting (1957) Report, see September 1957, Maryland State Medical Journal, Vol. 6, No. 9, pages 558 to 564.

<sup>2</sup> Semiannual Meeting Program (1957), see page 532 of this Journal.

NATHAN E. NEEDLE, M.D.

WILLIAM E. GROSE, M.D.

EVERETT S. DIGGS, M.D., *Secretary of Medical and Chirurgical Faculty* (In conformity with Constitution and By-Laws.)

#### COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS. (1958)

(Elected by House of Delegates)

#### Mr. President and Members of the House of Delegates:

This Committee, with approval of Council, has arranged for the 1958 Annual Meeting<sup>1</sup> to be held at the Alcazar in Baltimore. This innovation was decided upon chiefly because of the poor facilities for commercial exhibits at the Medical and Chirurgical Faculty Building. We have been successful in filling the Ballroom of the Alcazar with commercial ex-

<sup>1</sup> Annual Meeting Program, pages 533-36.

hibits, which will bring in considerable income to defray the expenses of the Annual Meeting.

In addition to some of our members who will speak at the Annual Meeting, we have been able to obtain fifteen outstandingly eminent speakers from other parts of the Country. It is our hope that the attendance at this Meeting will be greatly increased over that of past years.

The Semiannual Meeting will be held again in 1958 at the Commander Hotel in Ocean City on September 12, but at this time plans for this Meeting are incomplete.

Respectfully submitted,

NORMAN R. FREEMAN, JR., M.D., *Chairman*

NATHAN E. NEEDLE, M.D.

WILLIAM E. GROSE, M.D.

HOUSTON S. EVERETT, M.D.

EVERETT S. DIGGS, M.D., *Secretary of Medical and Chirurgical Faculty* (In conformity with Constitution and By-Laws.)

#### PROGRAM OF THE SEMIANNUAL MEETING

*Friday, September 20, 1957*

*Headquarters*

*Commander Hotel, The Boardwalk and 14th Street, Ocean City, Maryland*

#### Registration—9:00 A.M.

#### LOBBY

All the members and their guests are urged to register so that an accurate record may be kept of the attendance. Those who arrive on Thursday, September 19th may register that evening from 7:30 P.M. to 9:30 P.M.

#### Business Sessions

Council Meeting—Thursday, September 19th, 8:00 P.M. Apartment #11, Main Floor

House of Delegates—Friday, September 20th, 9:30 A.M. Beach Lounge, Ground Floor

All members are invited to attend the meeting of the House of Delegates, but the privileges of the floor are for delegates only.

#### Scientific Session—12:30 P.M.

#### BEACH LOUNGE, GROUND FLOOR

The Effects of the Expanding Insurance Plans on the Practice of Medicine, C. REID EDWARDS, M.D., President, Medical and Chirurgical Faculty of the State of Maryland.

#### Clam Bake Luncheon—2:00 P.M.

On the beach in front of Commander Hotel. See enclosed card for RESERVATIONS.

#### Dance—9:30 P.M. to 1:00 A.M.

#### DINING ROOM, MAIN FLOOR

Hors d'oeuvres will be served. (Dress Optional). Host—The Medical and Chirurgical Faculty. See enclosed card for RESERVATIONS.

#### Woman's Auxiliary to the Medical and Chirurgical Faculty

MRS. DAVID S. CLAYMAN, *President*

SOCIAL ROOM, MAIN FLOOR

Friday, September 20, 1957. 9:30 A.M. Open Board Meeting. Social Hour to follow

The ladies present at the Semiannual Meeting are invited by the Executive Board to attend its meeting and to join the Board for a coffee break, and cards if time permits.

The Constitution and By-Laws of the Auxiliary do not provide for a regular Semiannual Meeting. It was the thought of the Officers of the Auxiliary that this would afford an opportunity to be together for an informal discussion of Auxiliary matters.



*Arrangements Committee*

*Committee on Scientific Work and Arrangements of the Medical and Chirurgical Faculty:* EDMOND J. McDONNELL, M.D., CHAIRMAN; NORMAN R. FREEMAN, JR., M.D.; WILLIAM E. GROSE, M.D.; NATHAN E. NEEDLE, M.D.; EVERETT S. DIGGS, M.D.

## PROGRAM OF THE ONE HUNDRED SIXTIETH ANNUAL MEETING

The Alcazar, Cathedral and Madison Streets,  
Baltimore, Maryland

Wednesday, April 16, Thursday, April 17, and Friday, April 18, 1958

## OUTLINE OF MEETINGS

Scientific and Business Meetings will be held at The Alcazar, Cathedral and Madison Streets

## Wednesday, April 16

Morning: Council, The Alcazar. House of Delegates, The Alcazar.  
Luncheon: Sheraton Belvedere Hotel. Woman's Auxiliary and members of the Faculty.  
Afternoon: Scientific Meetings. The Alcazar.  
Evening: Scientific Meeting. The Alcazar.

## Thursday, April 17

Morning: Scientific Meetings, The Alcazar. Election of Board of Medical Examiners at General Meeting, The Alcazar.  
Luncheon: Round Table Luncheon, Park Plaza Hotel, Charles and Madison Streets.  
Afternoon: Scientific Meetings, The Alcazar.  
Evening: Cocktail Party, given by the Baltimore City Medical Society, Sheraton Belvedere Hotel.  
Presidential Dinner, followed by a General Meeting, Sheraton Belvedere Hotel.

## Friday, April 18

Morning: Scientific Meetings, The Alcazar.  
Afternoon: House of Delegates, The Alcazar.

## ANNUAL MEETING PROGRAM

## Wednesday, April 16, 1958

12:30 p.m. Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel. *It is suggested that the members of the Medical and Chirurgical Faculty attend this luncheon as the Auxiliary cooperates with the Faculty, American Medical Education Foundation, etc.*

## SCIENTIFIC MEETINGS

## Wednesday, April 16, 1958

*Afternoon Session, The Alcazar*

(Main Entrance on Cathedral Street)

LEO BRADY, M.D., *Chairman of the Council*, Presiding

2:00 p.m. VISIT THE EXHIBITS.

2:15 p.m. Medical and Surgical Treatment of Tuberculosis. (Illustrated.)

*Panel Discussion*

## Moderator

EDMUND G. BEACHAM, M.D., Chief, Tuberculosis Division, Baltimore City Hospitals.

## Partici ants

\*THEODORE L. BADGER, M.D., Assistant Clinical Professor of Medicine, Harvard Medical School; President of the American Trudeau Society; Boston, Massachusetts.

JAMES H. FORSEE, M.D., Brigadier General Medical Corps, U. S. Army; Chief Department of Surgery and Chief Professional Services, Walter Reed Army Hospital; Washington, D. C.

3:15 p.m. VISIT THE EXHIBITS.

3:25 p.m. J. M. T. Finney Fund Lecture. Problems in the Treatment of Cancer. (Illustrated.) GEORGE CRILE, JR., M.D., F.A.C.S., Head of the Department of General Surgery, Cleveland Clinic Foundation, Cleveland, Ohio.

\* *At the time of the meeting, Dr. Badger had pneumonia and Dr. Patrick B. Storey, Director of Professional Services at the U. S. Veterans Hospital, Baltimore, kindly presented this part of the program.*

- 4:05 p.m. Current Status of So-Called Collagen Diseases. (Illustrated.) CURRIER McEWEN, M.D., F.A.C.P., Associate Professor of Medicine and Chairman of the Rheumatic Diseases Study Group, New York University College of Medicine, New York City.

4:45 p.m. Adjournment. VISIT THE EXHIBITS.

Wednesday Evening, April 16, 1958

The Alcazar

8:30 P.M.

J. SHELDON EASTLAND, M.D., *President*, Presiding

1. I. Ridgeway Trimble Fund Lecture. A Concept of the Pathogenesis of Gastric and Duodenal Ulcer. (Illustrated.) LESTER R. DRAGSTEDT, M.D., Ph.D., Professor of Surgery, Chairman of the Department of Surgery, The University of Chicago, Chicago, Illinois.
2. Necrology. A. S. CHALFANT, M.D., Memoir Appointee. (See page 553.)

Thursday, April 17, 1958

Morning Session, The Alcazar

(Main Entrance on Cathedral Street)

ARCHIE ROBERT COHEN, M.D., *Vice-President*, Presiding

9:15 a.m. VISIT THE EXHIBITS.

9:30 a.m. Therapeutic Suggestion and Hypnosis in Everyday Practice. Demonstration of Patients. (Illustrated.) JACOB H. CONN, M.D., Assistant Professor of Psychiatry, The Johns Hopkins University School of Medicine, Baltimore.

10:00 a.m. Recent Advances in Oral Therapy for Diabetes. (Illustrated.) GARFIELD G. DUNCAN, M.D., Professor of Medicine, University of Pennsylvania School of Medicine; Director of Medical Divisions of the Pennsylvania Hospital and the Benjamin Franklin Clinic; Philadelphia, Pennsylvania.

10:40 a.m. ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (The Alcazar.)

10:50 a.m. VISIT THE EXHIBITS.

11:00 a.m. Value of Gamma Globulin in Pediatric and General Practice. (Illustrated.) DAVID GITLIN, M.D., Assistant Professor of Pediatrics, Harvard Medical School; Associate Physician, Children's Hospital, Boston, Massachusetts.

11:40 a.m. \* Present Day Challenges in Cardiac Diagnosis. (Illustrated.) HOWARD B. SPRAGUE, M.D., Lecturer on Medicine, Harvard Medical School; Past President American Heart Association; Brookline, Massachusetts.

12:20 p.m. Adjournment.

Thursday, April 17, 1958

ROUND TABLE LUNCHEON

*The Gold and Washington Rooms, Park Plaza Hotel, Charles and Madison Streets*

12:30 P.M.

- |   |                           |
|---|---------------------------|
| 1. Atherosclerosis and Diet.....                      | E. COWLES ANDRUS, M.D.    |
| 2. Athletic Injuries.....                             | GEORGE E. BENNETT, M.D.   |
| 3. Pro's and Con's for T and A.....                   | CYRUS L. BLANCHARD, M.D.  |
| 4. Diabetes.....                                      | T. NELSON CAREY, M.D.     |
| 5. Adrenal Steroids.....                              | THOMAS B. CONNOR, M.D.    |
| 6. Diarrhea in Children.....                          | ROBERT E. COOKE, M.D.     |
| 7. Acute Abdomen.....                                 | C. REID EDWARDS, M.D.     |
| 8. Methods of Rectal Excision.....                    | MONTE EDWARDS, M.D.       |
| 9. Dealing with the Patient's Emotional Problems..... | JACOB E. FINESINGER, M.D. |
| 10. Rational Use of Antibiotics.....                  | A. MURRAY FISHER, M.D.    |
| 11. Acne—The Bane of Youth.....                       | H. HANFORD HOPKINS, M.D.  |
| 12. The Study of the Hypertensive Patient.....        | JOHN EAGER HOWARD, M.D.   |
| 13. Cardiac Arrhythmias.....                          | JOHN T. KING, M.D.        |
| 14. Collagen Disorders.....                           | MAURICE C. PINCOFFS, M.D. |
| 15. Late Pregnancy Hemorrhage.....                    | JOHN E. SAVAGE, M.D.      |
| 16. Cortisone and Prednisone.....                     | LAWRENCE E. SHULMAN, M.D. |

\* Dr. Sprague will not be able to present his paper due to a death in the immediate family. However, Dr. Caroline Bedell Thomas will speak at that time on "Cholesterol Characteristics." The Committee on Scientific Work and Arrangements wishes to express its appreciation to Dr. Thomas for her kindness.

17. Carcinoma of the Cervix and Endometriosis.....RICHARD W. TELINDE, M.D.  
 18. The Treatment of the Hypertensive Patient.....CAROLINE BEDELL THOMAS, M.D.  
 19. Surgical Treatment of Angina Pectoris.....I. RIDGEWAY TRIMBLE, M.D.  
 20. Tranquilizing Drugs.....EBERHARD H. UHLENHUTH, M.D.  
 21. Arthritis and Rheumatic Diseases.....CHARLES W. WAINWRIGHT, M.D.  
 22. Fundoscopic Examination and Its Relation to Disease.....FRANK B. WALSH, M.D.  
 23. Thyroid Problems.....JOHN G. WISWELL, M.D.  
 24. Specific and Non-Specific Therapy of Acute Infections.....THEODORE E. WOODWARD, M.D.  
 25. Office and Hospital Technique as a Factor in Urinary Infection.....JOHN D. YOUNG, JR., M.D.

Thursday, April 17, 1958

*Afternoon Session, The Alcazar*

(Main Entrance on Cathedral Street)

ALFRED R. MARYANOV, M.D., *Vice-President*, Presiding

- 2:15 p.m. VISIT THE EXHIBITS.  
 2:30 p.m. Recent Advances in the Diagnosis and Treatment of Cerebral Vascular Diseases. (Illustrated.) IRVING S. WRIGHT, M.D., Professor of Clinical Medicine, Cornell University Medical Center; Past President of the American Heart Association; New York City.  
 3:10 p.m. The Therapeutic Use of Diuretics. (Illustrated.) JOHN HENRY MOYER, M.D., Professor of Medicine and Chairman of the Department of Internal Medicine, Hahnemann Medical College, Philadelphia, Pennsylvania.  
 3:40 p.m. VISIT THE EXHIBITS.  
 3:45 p.m. Hiatal Hernias. (Illustrated.) BRIAN BLADES, M.D., Professor of Surgery and Department Head, The George Washington University School of Medicine; Washington, D. C.  
 4:15 p.m. Clinical Assistance from Exfoliative Cytopathology. (Illustrated.) JOHN K. FROST, M.D., F.C.A.P., Associate Professor of Pathology, University of Maryland School of Medicine; Assistant Professor of Gynecology, The Johns Hopkins University School of Medicine; Baltimore.  
 4:45 p.m. Adjournment. VISIT THE EXHIBITS.

Thursday Evening, April 17, 1958

*Sheraton Belvedere Hotel, Charles and Chase Streets*

- 6:00 p.m. *Cocktails*. Jubilee Room. Those attending the Presidential Dinner will be the guests of the Baltimore City Medical Society for cocktails.  
 7:00 p.m. \* *Presidential Dinner*. Charles Room. Members are urged to bring their wives and guests to the dinner, and a cordial invitation is extended to all to attend the general meeting immediately following.

*General Meeting*

*Charles Room, Sheraton Belvedere Hotel*

8:15 P.M.

J. SHELDON EASTLAND, M.D., *President*, Presiding

*EVERYONE is invited to attend this meeting*

1. Invocation. THE REVEREND GEORGE B. SCRIVEN, Rector of the Church of the Nativity, Baltimore.  
 2. Introduction of MRS. DAVID S. CLAYMAN, President, Woman's Auxiliary to the Medical and Chirurgical Faculty.  
 3. Presidential Message. J. SHELDON EASTLAND, M.D.  
 4. Medical Science: Man's True Glory. DAVID B. ALLMAN, M.D., F.A.C.S., F.I.C.S., President, American Medical Association.

Friday, April 18, 1958

*Morning Session, The Alcazar*

(Main Entrance on Cathedral Street)

C. REID EDWARDS, M.D., *Past President*, Presiding

9:15 a.m. VISIT THE EXHIBITS.

9:30 a.m. Some Outstanding Problems of Health in Old Age. ROBERT T. MONROE, M.D., Associate in Medicine, Harvard

\* Dinner, \$5.50 per person. Reservations, accompanied by check must be made prior to Friday, April 11, 1958. Dress optional.

- Medical School; Chief, Division of Health and Personality Equilibrium, The Age Center of New England; Boston, Massachusetts.
- 10:10 a.m. Surgery for Occlusive Coronary Artery Disease. (Illustrated.) ROBERT P. GLOVER, M.D., M.Sc. in Surgery; Director of Thoracic and Cardiovascular Research and Clinical Surgery, Presbyterian Hospital; Assistant Professor of Surgery, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania.
- 10:50 a.m. VISIT THE EXHIBITS.
- 11:00 a.m. Harvey Grant Beck Memorial Lecture. Problems of Peptic Ulcer. (Illustrated.) SARA M. JORDAN, M.D., Director, Department of Gastroenterology, Lahey Clinic, Boston, Massachusetts.
- 11:45 a.m. *Clinical Pathological Conference*. (Illustrated.) A. MCGEEHEE HARVEY, M.D., Professor of Medicine, The Johns Hopkins University School of Medicine.
- ARNOLD R. RICH, M.D., Baxley Professor of Pathology, The Johns Hopkins University School of Medicine.
- 12:45 p.m. Adjournment. VISIT THE EXHIBITS.

Friday, April 18, 1958

*There will be no Scientific Session on Friday afternoon. Members are invited to attend the House of Delegates Meeting at the Alcazar at 2:30 p.m.*

#### EXHIBITORS

*Exhibits will be open during Scientific Sessions*

Prominent firms, dealing in books and supplies required by physicians, as listed on the following pages, will exhibit during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., and Read's Drug Stores, who have kindly contributed to our Annual Meeting, although they will not have an exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore, The Seven-Up Bottling Company of Baltimore, and the Pepsi-Cola Bottling Company of Baltimore, for serving free soft drinks to those attending the Meeting.

#### Booth Number

- 22—Abbott Laboratories
- 24—A. S. Aloe Company
- 16—The Baker Laboratories, Inc.
- 6—The Borden Company
- 51—Brayten Pharmaceutical Company
- 32—Bristol-Myers Products Division
- 1—A. J. Buck and Son
- 52—Ciba Pharmaceutical Products, Inc.
- 46—Herbert Cox, Correct Shoes
- 49—Desitin Chemical Company
- 19—Doho Chemical Corporation
- 13—Eaton Laboratories
- 17—Federated Accounting Services, Inc.
- 26—C. B. Fleet Company, Inc.
- 3—E. Fougera & Company, Inc.
- 18—Geigy Pharmaceuticals
- 11—Graymar Company
- 31—Caroline deFord Hinrichs—Plastic Artificial Eyes
- 7—Hoffman Surgical Supply Co., Inc.
- 4—Inter-State Medical Supply Company
- 36—Lederle Laboratories Div., American Cyanamid Co.
- 23—Eli Lilly and Company
- 28—Maico-Seward Hearing Service
- 15—Malthbie Laboratories Div., Wallace & Tiernan, Inc.
- 37—Mead Johnson & Company
- 42—Medco Electronics Co., Alan G. Day

#### Booth Number

- 39—Merck Sharp & Dohme
- 48—Millex of New York
- 50—Murray-Baumgartner Surgical Instrument Co., Inc.
- 5—National Biological Laboratories, Inc.
- 30—Parke, Davis & Company
- 20—The E. L. Patch Company
- 45—Pfizer Laboratories
- 2—Wm. P. Poythress & Co., Inc.
- 9—A. H. Robins Company, Inc.
- 43—J. B. Roerig and Company
- 12—William H. Rorer, Inc.
- 33—W. B. Saunders Company
- 34—Schering Corporation
- 29—G. D. Searle & Company
- 47—Similac, Ross Laboratories
- 35—Slim-Line Dietetic Sugar-Free Beverages
- 25—The Stuart Company
- 41—Sun Life Assurance Co. of Canada
- 27—Swift & Company
- 38—Raymond K. Tongue Co., Inc.
- 40—The Upjohn Company
- 14—VanPelt & Brown, Inc.
- 10—Walker Laboratories, Inc.
- 8—Felix B. Weinberg—Reconstructive Prostheses
- 44—The Williams & Wilkins Company
- 21—World Medical Association

#### SUBCOMMITTEE ON EXHIBITS

WILLIAM E. GROSE, M.D., *Chairman*, Baltimore  
NATHAN E. NEEDLE, M.D., Baltimore

MICHAEL I. O'CONNOR, Baltimore  
JOHN A. STREVIG, Phar.D., Baltimore



*Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the meeting.*

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

NINTH ANNUAL CONVENTION PROGRAM

April 16 and 17, 1958

*Headquarters*

*Sheraton Belvedere Hotel, Charles and Chase Streets, Baltimore*

Wednesday, April 16, 1958

*Blue Room, Second Floor*

MRS. DAVID S. CLAYMAN, *President*, Presiding

9:30 a.m. Registration.

10:00 a.m. \* General Session.

Collect and Pledge of Loyalty. MRS. E. RODERICK SHIPLEY, *President-Elect*.

Message from ARCHIE ROBERT COHEN, M.D., Vice-President, Medical and Chirurgical Faculty.

Response. MRS. THOMAS E. WHEELER.

Introduction of Honored Guests.

Presentation of Convention Chairman. MRS. RAYMOND V. RANGLE.

Presentation of Timekeeper. MRS. JULIUS CHEPKO.

Reports of Officers.

Recording Secretary. MRS. JOHN P. HABERLIN.

Corresponding Secretary. MRS. WILLIAM A. HOLBROOK, JR.

Treasurer's Report. MRS. EDWARD F. COTTER.

Report of Editor of News Letter. MRS. ALBERT E. GOLDSTEIN.

Message from LOUIS H. BAUER, M.D., Secretary-Treasurer of the U. S. Committee, Inc., World Medical Association.

Report of Nominating Committee. MRS. JOHN G. BALL.

Election of Officers.

Installation of Officers. MRS. FRANK M. GASTINEAU, *First Vice-President of the Woman's Auxiliary to the American Medical Association*.

Presentation of the Gavel.

Acceptance Speech of Newly Elected President. MRS. E. RODERICK SHIPLEY.

Message from MRS. WALKER L. CURTIS, President of the Woman's Auxiliary to the Southern Medical Association.

Necrology. MRS. CHARLES H. WILLIAMS.

President's Report. MRS. DAVID S. CLAYMAN.

12:00 noon Adjournment.

LUNCHEON—12:30 P.M.

*Ballroom, Twelfth Floor, Sheraton Belvedere Hotel*

*Reservation for tickets (\$3.25 each) must be in the hands of the Chairman, Mrs. S. G. Sullivan, 419 Oak Lane, Baltimore 4, Maryland, by April 9, 1958, in order to insure receipt of tickets in time for luncheon.*

MRS. DAVID S. CLAYMAN, *President*, Presiding

12:30 p.m. Invocation. DR. ABRAHAM SHUSTERMAN, RABBI, Har Sinai Congregation, Baltimore.

Presentation of Honored Guests. MRS. DAVID S. CLAYMAN.

Greetings from Medical and Chirurgical Faculty. J. SHELDON EASTLAND, M.D., *President*.

Address. MRS. FRANK M. GASTINEAU, *First Vice-President of the Woman's Auxiliary to the American Medical Association*.

Presentation of President's Pin. MRS. DAVID S. CLAYMAN.

Presentation of Past President's Pin. MRS. JOHN G. BALL.

Message. MRS. E. RODERICK SHIPLEY.

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\* All wives of physicians, whether or not members of the Woman's Auxiliary, are cordially invited to the general sessions and social functions.

Thursday, April 17, 1958

Parlor F, Second Floor, Sheraton Belvedere Hotel

9:00 a.m. Past-Presidents' Breakfast.

9:30 a.m. Post-Convention Executive Board Meeting. Mrs. E. RODERICK SHIPLEY, Presiding.

COMMITTEES: *Convention Arrangements*, Mrs. Raymond V. Rangle, *Chairman*; *Tickets and Reservations*, Mrs. S. G. Sullivan; *Registration*, Mrs. William D. Lynn; *Press and Publicity*, Mrs. E. Ellsworth Cook, Jr.; *Hospitality*, Mrs. Thomas A. Christensen; *Flowers and Favors*, Mrs. John M. Rehberger.

12:00 noon Adjournment.

### LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS

(Appointed as a Continuing Committee by the Chairman of the Council as authorized by the Council, June 1957.)

#### Mr. President and Members of the House of Delegates:

This Committee is in the process of evaluating problems on the accreditation of several institutions, particularly the rural sanatoria, and has set up meetings with representatives from these various institutions to go over their situation.

Any specific recommendations concerning these matters will take considerable time, and a final report will be submitted in September as to what these recommendations will be.

Respectfully submitted,  
HERBERT E. WILGIS, M.D., *Chairman*  
ROBERT L. BAKER, M.D.  
OTTO C. BRANTIGAN, M.D.  
ALAN M. CHESNEY, M.D.  
LEWIS P. GUNDRY, M.D.  
HOWARD W. JONES, JR., M.D.  
LOUIS KRAUSE, M.D.  
WILLIAM S. MURPHY, M.D.  
STEDMAN W. SMITH, M.D.

### REPRESENTATIVES ON ADVISORY COMMITTEE ON ADOPTION OF STATE DEPARTMENT OF WELFARE

(Appointed by the President, upon authorization of Council, in December 1957, at request of Director of State Department of Public Welfare.)

#### Mr. President and Members of the House of Delegates:

A meeting of this Committee was held on March 18. This meeting was the first attended by the Faculty representatives. The meeting was largely given to the Maryland laws which allow only a licensed social agency to act as an intermediary between a natural parent and the adoptive parents. It was the recommendation of the Committee that this problem be given wider publicity, and that stronger and more clarified laws be extended to those counties where the status of such laws is not clear cut.

Respectfully submitted,  
J. HUFF MORRISON, M.D.  
WILSON GRUBB, M.D.

### COMMITTEE TO COOPERATE WITH THE AMERICAN MEDICAL EDUCATION FOUNDATION

(Appointed annually by President)

#### Mr. President and Members of the House of Delegates:

The Committee assisted the American Medical Education Foundation by conducting a campaign to obtain contributions

from physicians within the State for medical education. County medical society representatives were furnished literature and forms for making contributions to AMEF. These representatives were requested to contact their society members to obtain contributions from each physician to support medical education. Many physicians responded to these requests, but a large number did not make any contribution through AMEF in support of medical education. Some of these physicians made contributions to their medical schools through annual alumni roll calls. However, many physicians did not make contributions in support of medical education.

Tuition in medical schools only accounts for 18-20% of medical school costs. The remainder must be raised from other sources. Each medical school has subsidized the education of each of its graduates by approximately \$12,000.00. When the graduate has developed an income that would allow it, he or she would repay at least a small interest annually on the investment made in their education by the medical school. At least a 0.1% return does not seem an unreasonable amount to ask. If this contribution is made by each graduate, it will aid greatly in maintaining medical educational standards and essential developments for medical progress.

Respectfully submitted,  
WILLIAM S. STONE, M.D., *Chairman*  
ALBERT L. ANDERSON, M.D.  
DAVID J. GILMORE, M.D.  
BENDER B. KNEISLEY, M.D.  
GEORGE J. KREIS, JR., M.D.  
WILLIAM H. LAWSON, M.D.  
ROBERT S. MCCENEY, M.D.  
JAMES A. ROBERTS, M.D.  
THOMAS B. TURNER, M.D.

### COMMITTEE ON ASIAN INFLUENZA

(Appointed by the President upon request of State Health Department, September 1957.)

#### Mr. President and Members of the House of Delegates:

A complete report of the Committee meeting on Asian Influenza may be found in the minutes of the semi-annual meeting of the Faculty held at Ocean City September 1957.

There were no other meetings, actions or activity of the Asian Influenza Committee following that meeting.

Respectfully submitted,  
WILLIAM T. JOYCE, M.D., *Chairman*  
DONALD W. MINTZER, M.D.  
LEONARD SCHERLIS, M.D.

### COMMITTEE TO ARRANGE MEMORIAL TO DR. CHARLES R. AUSTRIAN

(Appointed by Council as authorized by House of Delegates, September 1957.)

#### Mr. President and Members of the House of Delegates:

Your Committee appointed to suggest a suitable memorial to the late Dr. Charles R. Austrian, as authorized by the House of Delegates at its Annual Meeting in April, 1957, reported to the Council that it had come unanimously to the conclusion that the establishment of a fund to be called the Charles R. Austrian Memorial Fund, the income of which is to be used for the purchase of books and periodicals for the Faculty, would constitute the most appropriate way in which to memorialize the name of Dr. Austrian.

The Council, it is understood, has accepted this suggestion and the Committee hopes to be able to make use of a drawing of Dr. Austrian, which Mrs. Austrian herself has made, as the basis for an appropriate book plate to be inserted in any books purchased with the proposed fund.

Respectfully submitted,  
ALAN M. CHESNEY, M.D., *Chairman*  
ALAN BERNSTEIN, M.D.

### COMMITTEE ON PREVENTION OF AUTOMOTIVE HIGHWAY DISASTERS

(Appointed by the President as authorized by the House of Delegates, May 1957.)

#### Mr. President and Members of the House of Delegates:

This Committee was appointed very late and it has been impossible for us to have more than the one meeting on March 6, 1958.

Some organizational work was done and, I believe, definite progress achieved. However, it has been of such nature that a formal report cannot be made at this time.

Respectfully submitted,  
HOWARD M. BUBERT, M.D., *Co-Chairman*  
A. AUSTIN PEARRE, M.D., *Co-Chairman*  
RUSSELL S. FISHER, M.D.  
PHILIP A. INSLEY, M.D.  
HOWARD F. KINNAMON, M.D.  
EDMOND J. McDONNELL, M.D.  
JAMES MCC. FINNEY, M.D.  
JAMES PATTON MILLER, M.D.  
JOHN M. TANSEY, M.D.  
CHARLES CONRAD ZIMMERMAN, M.D.

### COMMITTEE ON CONSTITUTION AND BY-LAWS (1957)

In conformity with the By-Laws consists of four members to be appointed annually by the President.

#### Mr. President and Members of the House of Delegates:

The amendments to the Constitution and By-Laws, which are on the following pages, were submitted to the House of Delegates at its meeting on September 20, 1957. There was no

discussion of these amendments by the delegates and they are, therefore, being presented for final action at this meeting.

The amendment to Chapter VII, Section 3, originated in this Committee, but the final amendment was consummated and is being submitted for action by Dr. Whitmer B. Firor and his 1958 Committee. Our Committee met with Mr. Anderson at his suggestion. He proposed that Chapter VII, Section 3, be amended and that there should be amendments to the present section in reference to the Professional Conduct Committee. Amendments in reference to the Professional Conduct Committee will be presented by the 1958 Committee.

The amendments<sup>1</sup> to the Constitution are as follows:

#### *Vice-Chairman of the Council*

Explanation: For many years the Council has elected a Vice-Chairman but if these amendments are adopted, the Vice-Chairman will be a member of the Executive Committee of the Council, so this amendment seems advisable.

Constitution. Article VI. Council. Section 3.

It is authorized annually to select (one of) FROM its (members to serve as the Chairman) MEMBERSHIP A CHAIRMAN AND A VICE-CHAIRMAN of the Council. No Councilor shall be elected as a Delegate to the House of Delegates.

#### *Annual Meeting*

Explanation: Correction in duplication of words.

Constitution. Article VIII. Sessions and Meetings. Section 1.

The Annual Meeting of the Faculty shall be held at a place and time (the time) to be designated . . . No change in the remainder of this Section.

Delete, "the time."

#### *Committee on Finance and Budget*

Explanation: The Constitution and By-Laws Committee at its meeting today discussed the resolution of the Council requesting the merging of the Finance and Budget Committees and arranging for this in the Constitution.

It was the understanding of our committee that the Finance Committee had the supervision over the invested funds of various bequests made over the years to the Faculty. Also the execution of mandates carried in these various funds. Also it was the thought of our committee that the Finance Committee was usually an integral part of the Council.

The Budget Committee, on the other hand, was not concerned with the investment of funds but more concerned with raising funds, if necessary, and the allocation of these funds to the various agencies of the Faculty, and that the Budget Committee was well represented in the counties in contrast to the Finance Committee members who were almost always centered in the city.

Therefore, if these committees are to be merged the various functions of the Finance and Budget Committees should be recognized and the membership of these committees distributed accordingly.

Constitution. Article XI. Funds and expenses. Section 3. Control of funds, investments and expenditures of the

<sup>1</sup> Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.

Faculty shall be vested in a (Finance Committee) COMMITTEE ON FINANCE AND BUDGET. The (Finance) Committee ON FINANCE AND BUDGET shall consist of (five -5-) EIGHT -8- members, namely, the Chairman of the Council, THE VICE-CHAIRMAN OF THE COUNCIL, the Treasurer, the Secretary and (two) FOUR -4- ADDITIONAL members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the (Finance) Committee ON FINANCE AND BUDGET.

IT SHALL BE THE DUTY OF THE COMMITTEE ON FINANCE AND BUDGET TO ACT FOR THE HOUSE OF DELEGATES AND FOR THE COUNCIL.

IT SHALL ALSO BE THE DUTY OF THIS COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY, WHICH SHALL BE SUBMITTED TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR. THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE OF THE COUNCIL.

Respectfully submitted,  
W. HOUSTON TOULSON, M.D., *Chairman*  
E. COWLES ANDRUS, M.D.  
THURSTON HARRISON, M.D.  
DONALD HOOKER, M.D.

#### COMMITTEE ON CONSTITUTION AND BY-LAWS (1958)

In conformity with the By-Laws consists of four members to be appointed annually by the President.

#### Mr. President and Members of the House of Delegates:

The 1958 Committee on Constitution and By-Laws is suggesting two very definite changes in the procedure for the selection, election, and tenure of officers and councilors. The suggestions originated at one of the meetings of the Planning Committee, at which time a Special Committee was appointed to make a study of proposed amendments to the Constitution and By-Laws. Dr. Charles F. O'Donnell and I were the members of this Committee, and our recommendations have been referred to this Committee on Constitution and By-Laws for implementation into that document. The Explanation for the amendments are indicated preceding each amendment to the Constitution and By-Laws.

For many years when the President assumes office on January first, it has been required that he appoint committees to serve for the ensuing year. This has always led to an overlapping of committee reports by the chairmen who served for the preceding year as well as the chairmen for the current year. If all committees are appointed immediately following the Annual Meeting, it will make it possible for a committee to complete its work within the year and there will be no necessity for overlapping of committee reports.

Officers under the proposed amendment will serve one year as officer-elect prior to taking office officially immediately following the Annual Meeting. This would give the officers

one year to become familiar with the activities of the Association. In order to set up this procedure, it will be necessary for the House of Delegates to approve a special enabling act.

I would also suggest that the Nominating Committee select the nominees for Council under the procedure.

The amendments to the Constitution are brought to your attention at this time and final action may be taken on them at the Annual Meeting in 1959. As this is the first day of the meeting of the House of Delegates, the amendments to the By-Laws, if approved by this body, may lay on the table for one day and final action may be taken at our meeting on April 18, 1958.

Any By-Laws which are affected by the proposed amendments to the Constitution cannot be enacted until such amendments have been approved by the House of Delegates.

Following are the amendments:<sup>1</sup>

#### Constitution

##### Clarification of Election of Board of Medical Examiners.

Explanation: This is a duplication as Chapter VI, Section 5 of the By-Laws covers the nomination and election of the members of the Board of Medical Examiners. (Page 13). It has also been indicated in an amendment to the Constitution.

##### Article V. *House of Delegates. Section 1. (Line 4).*

The House of Delegates shall be the legislative and business body of the Faculty. It shall elect -1- all the officers and -2- the delegates to the American Medical Association, (with the exception of the Board of Medical Examiners).

##### Duties of Council.

Explanation to clarify the duties of the Council.

##### Article VI. Council. Section 1. (Lines 5 and 6.)

... Between the meeting of the House of Delegates, it shall have full authority and power to perform all acts and to transact all business for and on behalf of the Faculty, and to (manage and conduct all the property, affairs) MANAGE ALL THE PROPERTY, AND CONDUCT ALL THE AFFAIRS, work and activities of the Faculty.

##### New method of selection of councilors.

Explanation: The Planning Committee suggested changes to obtain a wider representation of the membership throughout the State. A Special Committee was appointed and has made these recommendations, which the Committee on Constitution and By-Laws is submitting in the form of these amendments.

##### Article VII. *Officers. Section 1. (Begins with line 4.)*

The officers of this Faculty shall be a President, three -3- Vice-Presidents, a Secretary, a Treasurer, and fifteen -15- Councilors (who shall be chosen as follows: two from the Western Shore, outside of Baltimore City, and eight from Baltimore City). FOR THE ELECTION OF COUNCILORS OF THE FACULTY, THE STATE SHALL BE DIVIDED INTO FOUR -4- DISTRICTS, WHICH ARE DESIGNATED, WESTERN, EASTERN, CENTRAL AND SOUTHERN.

<sup>1</sup> Amendments are indicated by CAPITAL LETTERS and PARENTHESIS are for deletions.



THE COMPONENT SOCIETIES WHICH CONSTITUTE EACH DISTRICT ARE AS FOLLOWS:

**WESTERN DISTRICT:** ALLEGANY COUNTY, GARRET COUNTY, WASHINGTON COUNTY, FREDERICK COUNTY AND CARROLL COUNTY.

**EASTERN DISTRICT:** CECIL COUNTY, SOMERSET COUNTY, DORCHESTER COUNTY, WORCESTER COUNTY, WICOMICO COUNTY, CAROLINE COUNTY, KENT COUNTY, TALBOT COUNTY AND QUEEN ANNE'S COUNTY.

**CENTRAL DISTRICT:** BALTIMORE CITY, BALTIMORE COUNTY, ANNE ARUNDEL COUNTY, HOWARD COUNTY AND HARFORD COUNTY.

**SOUTHERN DISTRICT:** CHARLES COUNTY, PRINCE GEORGE'S COUNTY, MONTGOMERY COUNTY, CALVERT COUNTY AND ST. MARY'S COUNTY.

THE COUNCILORS SHALL BE SELECTED AS FOLLOWS: NINE—9— MEMBERS FROM THE CENTRAL DISTRICT AND TWO—2— FROM EACH OF THE OTHER THREE —3— DISTRICTS. THE NINE COUNCILORS FROM THE CENTRAL DISTRICT SHALL INCLUDE SEVEN —7— FROM BALTIMORE CITY AND ONE —1— FROM EITHER HARFORD OR BALTIMORE COUNTY AND ONE —1— FROM EITHER ANNE ARUNDEL COUNTY OR HOWARD COUNTY.

#### Term of Office.

Explanation: This Section must be amended to conform to the tenure of office for the officers.

#### Article VII. *Officers. Section 4.*

The terms of all officers (except the Board of Medical Examiners for Maryland shall begin on January 1st following their election) SHALL BEGIN AT THE CONCLUSION OF THE ANNUAL MEETING ONE —1— YEAR AFTER THEIR ELECTION. (The term of the Medical Examiners shall begin the first Tuesday in June following their election as provided by the laws of the State of Maryland.)

In conformity with the Constitution, the above amendments will be presented at this Annual Meeting and final action will be taken by the House of Delegates at the Annual Meeting in 1959.

Explanation: The Board of Medical Examiners are not officers of the Faculty.

#### Article VIII. **BOARD OF MEDICAL EXAMINERS. SECTION 1. (NEW ARTICLE)**

THE BOARD OF MEDICAL EXAMINERS SHALL BE ELECTED AS PROVIDED FOR IN CHAPTER VI OF THE BY-LAWS, AND THEIR TERMS OF OFFICE SHALL BEGIN THE FIRST TUESDAY IN JUNE FOLLOWING THEIR ELECTION AS PROVIDED BY THE LAWS OF THE STATE OF MARYLAND.

AMEND ARTICLE VIII TO ARTICLE IX.

AMEND ARTICLE X TO ARTICLE XI.

AMEND ARTICLE XI TO ARTICLE XII.

AMEND ARTICLE XII TO ARTICLE XIII.

AMEND ARTICLE XIII TO ARTICLE XIV.

AMEND ARTICLE XIV TO ARTICLE XV.

#### By-Laws

##### Election of Board of Medical Examiners.

Explanation: The Board of Medical Examiners are not officers of the Faculty.

#### Chapter V. Election of Officers. Section 1.

All officers are to be nominated and elected by the House of Delegates (except those officers comprising the Board of Medical Examiners of Maryland. These Medical Examiners are to be elected by the entire Faculty at the Annual Meeting).

##### Nomination and Election of Board of Medical Examiners.

Explanation: The Board of Medical Examiners are not officers of the Faculty and this amendment will conform to the proposed amendments on page 1, Article V, Section 1, page 4, Article VII, Section 4 and Article VIII, Section 1, of this Report.

This is a new Chapter but the *wording* of Chapter V, Section 5 is the same.

#### Chapter VI. NOMINATION AND ELECTION OF BOARD OF MEDICAL EXAMINERS.

The members of the Board of Medical Examiners of Maryland shall be nominated at the first meeting of the House of Delegates and presented to the entire Faculty at the regular Annual Meeting. Additional nominations for the Board of Medical Examiners may be made from the floor at the General Meeting just preceding the election. Such members nominated for the State Board of Medical Examiners shall be voted upon at one of the General Meetings during the Annual Meeting.

#### ALL CHAPTERS FOLLOWING VI WILL BE AMENDED AS FOLLOWS:

Chapter VI. *Duties of Officers* will be CHAPTER VII.

Chapter VII. *The Council* will be CHAPTER VIII.

Chapter VIII. *Standing Committees* will be CHAPTER IX.

Chapter IX. *Component Societies* will be CHAPTER X.

Chapter X. *Miscellaneous* will be CHAPTER XI.

Chapter XI. *Amendments* will be CHAPTER XII.

Note: In this report, the Chapters are not referred to by the amended numbers as given above in order to make it easier to refer to the present Constitution and By-Laws.

#### By-Laws

Assistant Secretaries. Bottom of page 14 and top page 15.

Explanation: To improve sentence construction.

#### Chapter VI. *Duties of Officers. Section 4. Assistant Secretaries.*

The Secretary may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Reporting Secretary. The tenure of office of those appointees (to) WILL be at the pleasure of the Secretary.

##### Annual election of Chairman of Council.

Explanation: Clarification of the time of appointment of Chairman and Vice-Chairman.

#### Chapter VII. *The Council. Section 1.*

The Council shall meet on the day... It shall elect a Chairman and a Vice-Chairman from its own membership ANNUALLY...

Councilors assigned to component societies.

Explanation: Mr. G. C. A. Anderson, the counsel for the Faculty recommended that this section be reworded.

Chapter VII. *The Council. Section 3.*

(Each Councilor shall be organizer and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist. He shall make an annual report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates when requested by the Council.) THE CHAIRMAN OF THE COUNCIL SHALL ASSIGN TO THE COMPONENT SOCIETIES, MEMBERS OF THE COUNCIL WHO SHALL BE AVAILABLE TO ADVISE AND CONSULT WITH THE COMPONENT SOCIETIES, AND SHALL VISIT SAID COMPONENT SOCIETIES AT LEAST ONCE A YEAR.

THE COUNCILORS SO ASSIGNED SHALL MAKE TO THE COUNCIL ANNUAL REPORTS OF THE CONDITIONS OF THE PROFESSION IN SAID SOCIETIES.

Explanation: Mr. Anderson proposed the deletion of Section 4 because of the detailed consideration now proposed for Chapter VIII, Section 8.

Chapter VII.

DELETE SECTION 4. (The Council shall be the Board of Censors of the Faculty through the Professional Conduct Committee. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to the Faculty. All questions of an ethical nature brought before the House of Delegates, or the General Meeting, shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.)

Chapter VII.

SECTION 5 BECOMES SECTION 4.

SECTION 6 BECOMES SECTION 5.

SECTION 7 BECOMES SECTION 6.

SECTION 8 BECOMES SECTION 7.

SECTION 9 BECOMES SECTION 8.

THERE WILL NOT BE A SECTION 9 AS IT HAS BECOME SECTION 8.

Chapter VIII. *Standing Committees. Section 1.*

The Standing Committees which are to be elected by the House of Delegates are as follows: Committee on Scientific Work and Arrangements, Library Committee (,) AND Finney Fund Committee.

Nominating Committee—new method of appointment.

Explanation: In September, 1957 which was the first time the present procedure was used, the House of Delegates elected two members from Baltimore City Medical Society and one from the County, so in order to insure a more widespread representation from the component medical societies the Committee suggests this amendment.

Chapter VIII. *Nominating Committee. Section 5.*

The Nominating Committee shall consist of (the two most recent living Past Presidents, the Senior of whom shall be the Chairman, and three members to be elected by the House of

Delegates at the Semiannual Meeting) FIVE -5- MEMBERS. THE IMMEDIATE PAST PRESIDENT SHALL BE THE CHAIRMAN AND THE PRESIDENT SHALL APPOINT ONE MEMBER FROM EACH OF THE FOUR DISTRICTS. NO MEMBER OF THE NOMINATING COMMITTEE MAY SERVE MORE OFTEN THAN EVERY FIVE -5- YEARS UNLESS DEATH OR RESIGNATION MAKES NECESSARY \*THE IMMEDIATELY PRECEDING PAST PRESIDENT SERVING AGAIN.

No change in second paragraph of this Section.

Professional Conduct Committee

Explanation: Mr. G. C. A. Anderson, the Counsel for the Faculty recommended that this new part be added for clarification of function of Committee.

Chapter VIII. *Professional Conduct Committee. Section 8.* (Paragraph one is unchanged.)

This Committee shall consist of the five living immediate Past Presidents of the Medical and Chirurgical Faculty and the Chairman of the Council with the Senior Past President as Chairman of the Committee. (The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and report periodically as to their disposition to the Council of the Faculty.)\* THE PURPOSES AND FUNCTIONS OF THIS COMMITTEE SHALL BE TO HEAR AND DETERMINE ANY AND ALL GRIEVANCES OR COMPLAINTS INVOLVING OR GROWING OUT OF THE PRACTICE OF MEDICINE, AS HEREINAFTER SET FORTH.

a. *EXCLUSIVE JURISDICTION*—THE COMMITTEE SHALL HAVE EXCLUSIVE JURISDICTION TO HEAR AND DETERMINE:

1. ANY AND ALL GRIEVANCES OR COMPLAINTS AFFECTING OR INVOLVING THE PRACTICE OF MEDICINE THROUGHOUT THE STATE, OR IN MORE THAN ONE COUNTY OF THE STATE:

2. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY MEMBER OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND AGAINST THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND:

3. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY COMPONENT SOCIETY AGAINST THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND:

b. *CONCURRENT JURISDICTION*—THE COMMITTEE SHALL HAVE CONCURRENT JURISDICTION TO HEAR AND DETERMINE:

1. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY PATIENT OR PERSON AGAINST ANY MEMBER OF A COMPONENT SOCIETY:

2. ANY AND ALL GRIEVANCES OR COMPLAINTS OF ANY MEMBER OF A COMPONENT SOCIETY

\* Underscored words indicate changes in original amendments which were mailed out on March 21, 1958.

# AGAINST A MEMBER OF A COMPONENT SOCIETY.

THE GRIEVANCES AND COMPLAINTS SET FORTH IN THIS SUBPARAGRAPH -b- OF SECTION -8- SHALL BE HEARD BY THE COMPONENT SOCIETY UNLESS THE COMPONENT SOCIETY REFUSES TO HEAR SUCH GRIEVANCES OR COMPLAINTS AND REQUESTS THE COMMITTEE TO HEAR THE SAME.

**HEARINGS**—ALL COMPLAINTS OR GRIEVANCES MUST BE IN WRITING AND MUST BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY. UPON RECEIPT OF A COMPLAINT OR GRIEVANCE, THE COMMITTEE MAY HOLD A HEARING ON SAID COMPLAINT OR GRIEVANCE. BEFORE OR AFTER ANY HEARING, THE COMMITTEE MAY MAKE SUCH INVESTIGATION AS THE MAJORITY OF THE COMMITTEE DEEMS PROPER, NECESSARY OR EXPEDIENT. ALL FACTS ASCERTAINED BY THE COMMITTEE THROUGH ITS OWN INVESTIGATION, AND NOT PRESENTED AT THE HEARING SHALL BE BROUGHT TO THE ATTENTION OF THE PARTIES TO THE COMPLAINT, AND SUCH PARTIES SHALL HAVE A REASONABLE TIME OR OPPORTUNITY TO ANSWER THE SAME. ALL HEARINGS SHALL BE INFORMAL IN NATURE AND SUBJECT TO SUCH RULES AND REGULATIONS AS MAY BE DETERMINED BY THE COMMITTEE. ALL PARTIES, AS WELL AS THE COMMITTEE, MAY BE REPRESENTED BY COUNSEL.

**RECOMMENDATIONS AND FINDINGS**—AT THE CONCLUSION OF THE ENTIRE MATTER, THE COMMITTEE SHALL MAKE SUCH FINDINGS AND RECOMMENDATIONS IN EACH CASE AS THE COMMITTEE DEEMS PROPER. THE COMMITTEE SHALL FILE ITS FINDINGS AND RECOMMENDATIONS WITH THE COUNCIL. THE COUNCIL SHALL FORWARD A COPY OF THE FINAL DISPOSITION TO ALL PARTIES TO THE COMPLAINT. THE COMMITTEE, WITHOUT MAKING ANY FINDINGS, MAY FILE A REPORT WITH THE RECOMMENDATION THAT THE ENTIRE MATTER BE BROUGHT TO THE ATTENTION OF THE BOARD OF MEDICAL EXAMINERS. AFTER THE MATTER HAS BEEN CONSIDERED BY THE BOARD OF MEDICAL EXAMINERS, THE COMMITTEE MAY MAKE SUCH FINDINGS AND FURTHER RECOMMENDATIONS AT ITS DEEMS PROPER.

**APPEALS**—ANY PARTY AGGRIEVED BY THE FINDINGS OR RECOMMENDATIONS OF THE COMMITTEE MAY, WITHIN FIFTEEN -15- DAYS, ENTER AN APPEAL TO THE COUNCIL. ALL APPEALS SHALL BE IN WRITING AND SHALL BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY. ALL APPEALS SHALL BE HEARD ON THE RECORD, BUT EITHER PARTY SHALL HAVE AN OPPORTUNITY TO OFFER NEWLY DISCOVERED EVIDENCE ON THE APPEAL.

ANY PARTY AGGRIEVED BY AN ACTION OF A COMPONENT SOCIETY MAY APPEAL TO THE COMMITTEE, AND FROM THE COMMITTEE TO THE

COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND. ALL APPEALS SHALL BE IN WRITING AND SHALL BE FILED WITHIN FIFTEEN -15- DAYS AFTER A FINAL FINDING OR RECOMMENDATION. ALL APPEALS SHALL BE FILED WITH THE MEDICAL AND CHIRURGICAL FACULTY.

THE COUNCIL SHALL HAVE THE RIGHT TO MODIFY ALL RECOMMENDATIONS AND FINDINGS MADE BY THE PROFESSIONAL CONDUCT COMMITTEE, AND THE PROFESSIONAL CONDUCT COMMITTEE SHALL HAVE THE RIGHT TO MODIFY ALL RECOMMENDATIONS AND FINDINGS MADE BY A COMPONENT SOCIETY.

## Delegates.

Explanation: To be a delegate a member should be active and in good standing with dues paid up.

## Chapter IX. Component Societies. Election of Delegates. Section 7.

At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty ACTIVE members IN GOOD STANDING or major portion thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Session.

As the amendments for the By-Laws effecting the Constitution cannot be adopted until such Constitutional amendments are approved, these resolutions are offered as an Enabling Act from now until the Annual Meeting in 1959.

### Resolution 1

*Procedure for Incumbent Officers, etc., to serve until the Annual Meeting in 1959*

**RESOLVED**, that the President, three Vice-Presidents, Secretary, Treasurer, the Councilors, the members of the Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee whose terms expire at the end of 1958 will continue to serve in their official capacity until the conclusion of the Annual Meeting 1959.

**RESOLVED**, that the President, three Vice-Presidents, Secretary, Treasurer, the Councilors, the members of the Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee, who are elected at this Annual Meeting (April, 1958) will assume office at the conclusion of the Annual Meeting in 1959.

### Resolution 2

*Procedure for appointment of Nominating Committee for this year*

**RESOLVED**, that the 1958 Nominating Committee shall be appointed as provided in the amendment presented in the report of April 1958 of the Committee on Constitution and By-Laws, Chapter IX, Section 5, which reads as follows: "The Nominating Committee shall consist of five (5) members. The Immediate Past President shall be the Chairman and the President shall appoint one member from each of the four districts. No member

*of the Nominating Committee may serve more often than every five (5) years unless death or resignation makes necessary the immediately preceding Past President serving more often."*

Respectfully submitted,  
WHITMER B. FIROR, M.D., *Chairman*  
E. COWLES ANDRUS, M.D.  
LEO BRADY, M.D.  
WALDO B. MOYERS, M.D.

**CURATOR:** To be appointed.

#### COMMITTEE ON DIABETES (1957)

(Appointed annually by President)

##### Mr. President and Members of the House of Delegates:

In cooperation with the American Diabetes Association, this committee entered into a State-wide educational and screening campaign, during the week of November 17th 1957, in an effort to uncover the many undiscovered diabetics in our midst.

For the metropolitan Baltimore area, a Diabetes Detection Center was set up in the 104th Medical Regiment Armory at Fayette & Paca Streets in which both blood and urine were tested for the presence of glucose. Through the medium of newspaper, radio and television, the population was advised to eat 1½ jelly sandwiches 1½ hours before presenting themselves for the test. Urine was tested by means of the clinitest tablet and blood was tested by the Wilkerson-Heftmann method, using the Clinitron (on loan from the U. S. Public Health Service), screening at 180 mgms glucose per 100 c.c.

Assisting the committee was the Ladies Hospital Volunteer Service for the State of Maryland, 10 hospital groups joining forces to cover the five days from 11.00 A. M. to 10.00 P. M. This group provided about 35 women on duty at all times. The associated hospitals sent their laboratory technicians to perform the blood letting without charge. A physician member of this committee was present at all times providing professional coverage.

Exhibits by the Maryland Dietetic Association and the Maryland Retail Druggists Association provided interest to those awaiting testing. Chest x-rays were offered by the Maryland Tuberculosis Association as a tie-in. 4805 people were tested during the 5 day period, 4710 of which denied the previous knowledge of diabetes. Of this group 183 persons were found to show a positive test for glucose in either blood or urine or both. Of the 95 admittedly known diabetics tested, 46 tested positive. Reports were sent to physicians of all 183 persons testing positive; letters were sent to the persons urging them to go to their physician for re-examination. To date adequate follow-up reports have been received from 76 physicians; of these, 26 totally new diabetics were discovered. The 100 odd persons from which we have not heard are being followed by the I.V.N.A.

1200 urines were tested by industry with no positives reported.

In Caroline County an estimated 400 urine tests were done gratis by 10 practicing physicians with no new cases uncovered.

Worcester County too carried their campaign as "individual doctors" with no report forthcoming.

Kent County and Howard County reported as not conducting a program during diabetes week.

All funds for this campaign were provided by friends of the Committee. We are especially encouraged by the cooperation from physicians as evidenced by the number of follow-up report cards returned and suggest this work be continued each year.

#### Summary of report

A diabetes detection center was held in Baltimore during the week of November 17th, 1957. Ladies auxiliaries of ten hospitals and technicians gave their aid while the Maryland Dietetic and Maryland Druggists Associations held exhibits during the week.

4805 people were tested for blood and urine glucose; most of them were given chest x-rays. 183 persons were found to test positive. All were urged by letter to visit their physicians who were notified of our findings. Adequate follow-up reports have been received from 76 physicians; the 100 odd remaining are being followed by the I.V.N.A.

**RECOMMEND: THIS WORK TO BE CONTINUED EACH YEAR.**

Respectfully submitted,  
ABRAHAM A. SILVER, M.D., *Chairman*  
WALTER A. ANDERSON, M.D.  
EDMUND GEORGE BEACHAM, M.D.  
CHARLES JOSEPH BLAZEK, M.D.  
JOHN HOWARD BURNS, JR., M.D.  
CAROLINE H. CALLISON, M.D.  
CHARLES R. CAMPBELL, M.D.  
HENRY V. CHASE, M.D.  
J. WILFRID DAVIS, M.D.  
RICHARD C. DODSON, M.D.  
EDWARD J. EDELEN, M.D.  
ROBERT W. FARR, M.D.  
SYLVAN D. GOLDBERG, M.D.  
WAVERLY S. GREEN, JR., M.D.  
J. ROY GUYTHER, M.D.  
THURSTON HARRISON, M.D.  
W. GRAFTON HERSPERGER, M.D.  
PHILIP W. HEUMAN, M.D.  
HENRY J. HOUSKA, M.D.  
SETH H. HURDLE, M.D.  
SAMUEL M. JACOBSON, M.D.  
BENJAMIN F. JONES, M.D.  
HARRY L. KNIPP, M.D.  
E. PAUL KNOTTS, M.D.  
LESTER LEBE, M.D.  
GEORGE ALLEN MOULTON, JR., M.D.  
SARAH M. PEYTON, M.D.  
J. EMMETT QUEEN, M.D.  
FRANK M. SHIPLEY, M.D.  
THEODORE R. SHROP, M.D.  
STANLEY R. STEINBACH, M.D.  
SAMUEL J. N. SUGAR, M.D.  
J. FRANK SUPPLEE, III, M.D.  
NATHANIEL R. THOMAS, M.D.  
JAMES U. THOMPSON, M.D.  
ALICE TOBLER-LENNHOFF, M.D.



GEORGE E. URBAN, M.D.  
STEPHEN J. VAN LILL, M.D.  
LESTER A. WALL, JR., M.D.

# COMMITTEE TO ARRANGE FOR A MANAGEMENT SURVEY OF FACULTY AND RECOMMEND AN EXECUTIVE SECRETARY TO COUNCIL\*

(Appointed by Executive Committee as authorized by House of Delegates, upon recommendation of Planning Committee, May 1957.)

## Mr. President and Members of the House of Delegates:

The Committee had its first meeting June 26, 1957 and decided that a management survey should be made first. As has been reported before Mr. R. C. Edlund from the Management Consultant Firm of Rogers, Slade and Hill was selected. Mr. Edlund had previously made a survey of the State Medical Societies of Pennsylvania and North Carolina. This action was confirmed by the Council.

The next Committee meeting was August 19, 1957 at which time Mr. Edlund presented and discussed his report. The scope and recommendations of his report has been reported at previous meetings. It was decided to make a preliminary report to the Semiannual Meeting of the Medical and Chirurgical Faculty in Ocean City and to later turn the complete report over to the Planning Committee.

The Committee met for the third time October 24, 1957 and after careful and thorough discussion made suggestions on the recommendations and referred the report and suggestions to the Planning Committee. The Planning Committee met December 12, 1957 and discussed the recommendations and with the consent of the Council ordered the Survey Committee to recommend an executive secretary.

The Candidates were screened and three were interviewed. The one who seemed best suited for the position, Mr. John Sargeant from Broome County, N. Y., was interviewed by the Survey Committee and by the Executive Committee of the Faculty on February 26, 1958, just before the special meeting of the House of Delegates. Mr. Sargeant was received very favorably by the above Committees and was tentatively appointed depending on replies from references and personal telephone calls made to people in that area. These were all favorable so Mr. John Sargeant has been appointed Executive Secretary.

The Committee wishes to thank Mr. Walter Kirkman for his efforts and very important contributions to this work.

Respectfully submitted,

WALDO B. MOYERS, M.D., *Chairman (Prince George's County)*

WARDE B. ALLAN, M.D. (*Executive Committee*)

JOHN N. CLASSEN, M.D. (*Baltimore City*)

MERRILL M. CROSS, M.D. (*Montgomery County*)

EVERETT S. DIGGS, M.D. (*Executive Committee*)

\*\* J. SHELDON EASTLAND, M.D. (*Executive Committee*)

C. REID EDWARDS, M.D. (*Executive Committee*)

WARFIELD M. FIROR, M.D. (*Executive Committee*)

\* See pages 490-96, February 26, 1958, Minutes of the Special Meeting of the House of Delegates.

\*\* Member as of January 1, 1958.

WETHERBEE FORT, M.D. (*Executive Committee*)  
THURSTON HARRISON, M.D. (*Eastern Shore*)  
A. AUSTIN PEARRE, M.D. (*Western Maryland*)  
WILLIAM A. PILLSBURY, JR., M.D. (*Baltimore County*)  
HUGH W. WARD, M.D. (*Southern Maryland*)  
\*\* LEO BRADY, M.D. (*Executive Committee*)  
\*\* HOWARD M. BUBERT, M.D. (*Executive Committee*)

## GERIATRICS COMMITTEE

(Appointed annually by President)

## Mr. President and Members of the House of Delegates:

The Committee on Geriatrics of the Medical and Chirurgical Faculty accomplished the following three activities during the year of 1957. These activities were carried out in cooperation with the Committee on Geriatrics of the Baltimore City Medical Society.

With the cooperation of Dr. George H. Yeager, editor of the *Maryland State Medical Journal*, the November issue has been dedicated to Geriatrics. This issue contains a number of articles of geriatric topics and has been well received by the members of the medical profession of the State of Maryland.

During the year, the joint committees have negotiated with the Mayor's Commission on the Problem of the Aged, a proposal to carry out a survey of the medical facilities for the aged people in the city of Baltimore and surrounding suburbs including the facilities at clinics, at hospitals, in public institutions for the aged and in the private nursing homes. As a result of these negotiations, an agreement was finally reached with the Baltimore City Health Department who will, in cooperation with the Geriatrics Committees, carry out this project.

In the spring of 1957, the joint committees convened a meeting jointly with the Committee on Geriatrics of the City of Baltimore Medical Society and a number of representatives of the medical schools and some of the hospitals in the community to discuss the facilities for education for geriatrics. The following is a summary of the discussion that took place at this meeting.

The essential thoughts on the medical education for geriatrics expressed by the participants in the discussion were briefly as follows:

a) That the present curriculum of medical schools is already heavily loaded and it would be very difficult to add a new subject. However, proposals may be submitted to the deans of the medical schools who in turn will submit them to the committee on curriculum. It was likewise stated that the school and the various departments are fully aware of the needs for study of the ailments and processes of aging.

b) It was further stated that the medical schools are very much concerned about chronic ailments and it is the thought at the schools, that chronic ailments and aging go together and cannot very well be differentiated.

c) There was an opinion expressed that because of the overloading of the curriculum in the medical schools that the most that can be done is (expose) the medical students to the subject of geriatrics without expecting him to learn the detailed studies and that the clinical and other studies of geri-

\*\* Members as of January 1, 1958.

iatrics should rather be carried out during the years of internship or by means of postgraduate studies.

It is the feeling of the committee that while the opinions expressed at that meeting are not fully satisfactory and not altogether in line with the present thinking on geriatrics, it shows there is an opening and such discussions will be continued further.

The Committee on Geriatrics has cooperated with the chairman of the scientific program of the annual meeting of the faculty which will be held in April to have geriatrics included in this program.

The committee likewise followed through a proposal at the recent meeting of the legislature in Annapolis to study the advisability of the establishment of an act of the legislature for a Commission on Geriatrics. The committee is on the alert and will watch the progress of this proposal. In brief, the Committee on Geriatrics, cooperated in the dedication of the November issue of the State Medical Journal of 1957 to Geriatrics. The committee cooperated with the chairman of the program for the annual meeting of the faculty to have geriatrics included in the scientific program of the meeting. On December 2, 1957, the chairman of your committee accompanied by Dr. Benjamin Kader, participated in the Regional Conference by the Committee on Geriatrics of the A.M.A. prior to the clinical convention of the A.M.A. which took place December 3 and 4. Your chairman presented a paper on the organization of the activities for geriatrics on the state level.

For the year 1958, the Committee of the Medical and Chirurgical Faculty together with the Committee of the Baltimore City Medical Society, are planning to make a study of the possibilities of the establishment of a Gerontologic Society in the state of Maryland, to begin with, the city of Baltimore and to extend such an organization throughout the state. The committees will again jointly have the privilege to dedicate the November issue of the State Medical Journal to Geriatrics.

Respectfully submitted,  
HERMAN SEIDEL, M.D., *Chairman*  
B. BRUCE BRUMBAUGH, M.D.  
LOUIS Z. DALMAU, M.D.  
V. L. ELLICOTT, M.D.  
BENJAMIN KADER, M.D.  
LOUIS KRAUSE, M.D.  
ISABEL H. MCCLINTON, M.D.  
GEORGE S. MIRICK, M.D.  
MERRITT ROBERTSON, M.D.  
NORMAN E. SARTORIUS, SR., M.D.  
G. DOUGLAS TRETTIN, M.D.  
W. ALFRED VAN ORMER, M.D.

#### COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS

(Appointed by the President of the Faculty on authority of the House of Delegates, September 1956.)

#### Mr. President and Members of the House of Delegates:

I thought that in the re-organization as outlined last year that this Committee was to be eliminated. I stated in my report a year ago, some Insurance Companies wished the

Faculty to do some clerical work, which the delegates voted down. Other Companies wanted the Faculty to guarantee that a percentage of their members would take the insurance offered. Without a statement from the members I did not see how a percentage could be guaranteed.

In view of these facts the Committee has been inactive.

Respectfully submitted,  
FRANK F. LUSBY, M.D., *Chairman*  
J. TYLER BAKER, M.D.  
M. MCKENDREE BOYER, M.D.  
NORMAN B. COLE, M.D.  
WOLCOTT L. ETIENNE, M.D.

#### COMMITTEE TO STUDY LICENSURE OF HOMEOPATHIC PHYSICIANS BY HOMEOPATHIC BOARD

(Appointed in 1955, as authorized by House of Delegates, April 1955.)

#### Mr. President and Members of the House of Delegates:

During the year, no meetings of this Committee were held, but since some of our members are also on the Board of Medical Examiners a close watch was kept on this situation.

The Homeopathic Board was abolished by action of the 1957 General Assembly, and this was upheld by court decisions. A written request was made to the Legislative Council of the General Assembly to have this matter reconsidered, but since they refused to take any further action the Homeopathic Board is officially defunct and its legal functions have been taken over as prescribed by law by our Board of Medical Examiners.

*The Committee considered this matter completed and request that it be dropped and that the Committee be discharged.*

Respectfully submitted,  
KARL F. MECH, M.D., *Chairman*  
LEWIS P. GUNDRY, M.D.  
AMOS R. KOONTZ, M.D.  
HOWARD M. BUBERT, M.D.

#### COMMITTEE TO REVIEW PROPOSED REGULATIONS ON HOSPITAL LICENSING

(Appointed on authority of Council by its Chairman July 1956, as requested by State Department of Health.)

#### Mr. President and Members of the House of Delegates:

The Committee held no meetings during the past year.

Respectfully submitted,  
HARRY F. KLINEFELTER, JR., M.D., *Chairman*  
J. OLIVER PURVIS, M.D.  
I. RIDGEWAY TRIMBLE, M.D.

#### REPRESENTATIVES FROM MEDICAL AND CHIRURGICAL FACULTY ON MARYLAND JOINT COMMITTEE FOR IMPROVEMENT OF CARE OF PATIENTS SPONSORED BY MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION

(Representatives appointed by Council, June 1957, after similar Committee was abolished by House of Delegates in May 1957.)

**Mr. President and Members of the House of Delegates:**

No report as there has not been a meeting this past year.

Respectfully submitted,

HERBERT E. WILGIS, M.D., *Chairman*

OTTO C. BRANTIGAN, M.D.

EDWARD F. COTTER, M.D.

ALBERT I. MENDELOFF, M.D.

CHARLES F. O'DONNELL, M.D.

GEORGE H. YEAGER, M.D.

**COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEM OF SPECIALTIES—RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY**

(Appointed by the Council upon authorization of recommendation adopted by the House of Delegates September 1955.)

**Mr. President and Members of the House of Delegates:**

The recent request of Maryland Hospital Service, Incorporated, (Blue Cross) for 22% increase in subscription rates has brought to the attention of the public as well as the profession, the necessity of doing something about the rising costs of hospitalization. Beginning in 1955, the membership of this committee has discussed these problems at some length with the administrators of Blue Cross. Little progress was made. The hospitals, subsidized by Blue Cross payments, insist on keeping in their contract with Maryland Hospital Service, Incorporated, certain strictly medical procedures. In most hospitals, these procedures include laboratory examinations (Pathology), x-ray examinations, x-ray therapy, and electrocardiographic examinations, as well as other procedures. These are medical services as opposed to essential hospital services, such as bed, board, and the use of a variety of hospital facilities and equipment. These medical services are expensive. They contribute substantially to the current needs of Blue Cross for increased subscription rates.

In order to better understand these statements and those that follow, it may be advisable to mention the basic differences in the two Blue Plans. Blue Cross is operated by and for the hospitals. If you consider for a moment that the hospital is your hotel, then Blue Cross pays the "hotel bill". This means room, meals, laundry, light, heat, and the use of hospital equipment and facilities. Blue Shield is the physicians' plan, operated by the medical doctors of Maryland. It pays for the personal services of a physician to his patient, the subscriber. Unfortunately, at present, the benefits are mainly surgical. Some parts of the practice of medicine are inadequately covered, some are not covered at all. And as has been already stated, some parts of the practice of medicine are covered by Blue Cross, the hospital plan. This is usually the personal professional services of a pathologist or radiologist or an anesthesiologist, or occasionally a physician in some other branch of medicine, when these services happen to occur within the four walls of a hospital building. And so we see that, although all real hospital costs (the hotel bill mentioned above) are covered by Blue Cross, all real medical expenses are *not* covered by Blue Shield. The benefits of Blue Shield, the physicians' plan,

have been diluted and divided and a part of them have been captured and held on to by hospital corporations. Many explanations and platitudes are offered by the hospital people for this situation; but, when all the window dressing is removed, there is just one fundamental reason remaining: This captive portion of the practice of medicine is income-producing for the institution. It is income-producing in a considerable degree and it is therefore cost-producing. It contributes substantially to the rising costs of hospitalization and the present need of Blue Cross for more money.

Aside from the fact that these medical services raise the cost of hospital insurance, they also set the stage for abuses. The most flagrant abuse is unnecessary hospital admissions solely for the purpose of taking advantage of these available diagnostic medical services. This unfortunate situation is realized by everyone, including the Blue Cross officials and the profession. Unless some check is built into the contract of Maryland Hospital Service, Incorporated, there will be no end to these rising costs.

It seems obvious then that, although the original issue was a question of an increase in Blue Cross subscription rates, the real and the important issue at stake is the very basic one of: The practice of medicine by hospital corporations versus private practice. Some time ago it was announced publicly by an official of the national organization of all Blue Cross Plans that Blue Cross hopes, in the not-too-distant future, to be able to offer its subscribers complete medical coverage within the hospital. When and if this ever occurs, the private practice of medicine, as we know it, will be dealt a blow which would be second only to complete socialization and control by the Federal Government.

The Committee wishes to summarize its findings as follows:

1. The current request of Blue Cross for an increase in subscription rates is not necessary to meet hospital costs.
2. The current request of Blue Cross for an increase in subscription rates is due largely to (a) the availability and (b) the abuse of unlimited diagnostic medical services contingent upon an expensive hospital admission.
3. These diagnostic medical services as they are now written into the contracts of Maryland Hospital Service, Incorporated, actually subsidize the practice of medicine by hospital corporations, in violation of the principles of medical ethics of the American Medical Association.
4. These diagnostic services should be removed from a hospital contract (Blue Cross) where they cannot be controlled and placed in a medical contract (Blue Shield) where experience has already shown they can be controlled and where they can be made available to the subscriber either in or outside the hospital, without the necessity of an expensive hospital admission.
5. The basic issue at stake in this controversy is the practice of medicine by hospital corporations versus private practice.

In order to implement these findings and to place the Medical and Chirurgical Faculty of Maryland squarely on the side of private practice and opposed to corporation practice of medicine, the following resolution is submitted for approval:

*Resolution concerning Blue Cross\**

WHEREAS, the rising cost of hospital prepayment plans is a cause of serious concern to physicians, hospitals, Blue Cross Plans and the public in general; and

WHEREAS, the holding of essential medical services in a hospital contract (Blue Cross), instead of placing them in the medical contract (Blue Shield) with all other medical services, has resulted in a lag in subscriptions to Blue Shield, since it is less attractive to the buying public;

NOW, THEREFORE, BE IT RESOLVED by the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland:

1. That the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland directs its representatives on the Board of Trustees of Maryland Medical Service, Inc., to investigate

- a. Methods and procedures whereby comprehensive coverage for x-ray diagnosis and medical diagnostic services generally can be provided not only in the hospitals but also in the physicians' offices, and
- b. Methods and procedures for removing the benefits for x-ray diagnosis and medical diagnostic services generally from the Blue Cross or Hospital Plan and placing them in the Blue Shield or Physicians' Plan.

2. That progress reports be made regarding the above matters by the Board of Trustees of Maryland Medical Service, Inc., at each subsequent Annual and Semiannual Meeting of the Medical and Chirurgical Faculty of the State of Maryland.

3. That copies of this resolution be sent to the Director and the Boards of Trustees of Blue Cross and Blue Shield Plans.

A second resolution based upon the same principles and applying specifically to commercial insurance carriers is also submitted for approval:

*Resolution concerning commercial insurance carriers*

WHEREAS, sickness and health insurance has enjoyed acceptance by the public and the medical profession as among the desirable methods of helping defray the costs of health care; and

WHEREAS, the members of the American Medical Association, State and County Medical Societies are bound by the principles of medical ethics of the American Medical Association; and

WHEREAS, the American Medical Association has repeatedly affirmed that anesthesiology, pathology, and radiology constitute the practice of Medicine; and

WHEREAS, certain insurance companies issue and certain corporations accept medical care policies which provide payment for electrocardiogram, x-ray examinations and x-ray therapy, and laboratory examinations only to hospitals; this payable in some cases only to the hospital if the hospital issues the bill or the work is done by a salaried employed physician; and

WHEREAS, such provisions encourage and further the practice of medicine by hospitals and do not allow the patient a free choice of physicians resulting in unfair competition and discrimination against those qualified physicians doing special examinations outside of hospitals; and

WHEREAS, such provisions encourage the admission of patients to hospitals unnecessarily and solely for the purpose of obtaining these diagnostic procedures, even though these procedures can be done more quickly and far more cheaply in the qualified physician's office; and

WHEREAS, this abuse of hospitalization increases the cost of all sickness and health insurance programs; therefore be it

RESOLVED, that all health insurance companies and corporations should in formulating their sickness and health insurance plans adhere strictly to the basic principles of the medical profession as enunciated by the American Medical Association; and be it further

RESOLVED, that any medical service which is to be the basis of a benefit payment shall be stated as a medical service and shall not be referred to in such terms as "hospital service," "auxiliary service," etc., nor shall such medical service be qualified by such phrases as "when rendered by a salaried employee of a hospital," or "when rendered by an employee of a hospital," or any wording which would convey a similar meaning; and be it further

RESOLVED, that whereas corporations and insurance companies are operating under the capitalistic system of free enterprise as does the medical profession; therefore corporations and insurance companies should not be a party to insurance contracts that tend to undermine the medical profession by encouraging any group whether hospitals, corporations, insurance companies or government to control the medical profession and thereby lower the standard of health care to our people; and be it further

RESOLVED, that the Medical and Chirurgical Faculty of Maryland go on record as opposed to any insurance plan that will tend to encourage exploitation or discrimination against any member or group of members of the medical profession, and that this matter be brought to the attention of the Insurance Commissioner of the State of Maryland and the individual district managers of the major insurance companies licensed within the State of Maryland.

Respectfully submitted,  
EDGAR T. CAMPBELL, M.D., Chairman  
WEBSTER H. BROWN, M.D.  
GEORGE G. FINNEY, M.D.  
I. RIVERS HANSON, M.D.  
WALTER C. MERKEL, M.D.

**JOINT COMMITTEE TO CONSULT WITH LABOR LEADERS OF MARYLAND**

(Appointed by Chairman of Council as authorized by Council, June 1957.)

**Mr. President and Members of the House of Delegates:**

The importance of the opportunity and the task before this Committee can not be exaggerated. Although no formal meetings have been called, several preliminary meetings with the C.I.O. and A.F. of L. leaders have been held. It is most gratifying to report that substantial progress has been made toward the acceptance of the principles recommended by the appropriate committees of the A.M.A. Before the semi-annual meeting, your committee will circulate either through the Journal or by mail a detailed statement of policy which has been agreed to by the C.I.O. and A.F. of L. leaders.

Concerning United Mine Workers Union, it seems that the resolution of the Garrett Alleghany delegation goes right to the heart of the matter, and is most timely.

\* This Resolution replaced the one submitted February 20, 1958.



Concerning the Health Clinic at Martin's, direct contact has been made with the Union leaders who are most anxious to co-operate with your committee.

The rumor that the Chairman of your Committee is associated with any doctor or group of doctors to organize a Health Clinic at the Bethlehem Steel plant is completely false.

Respectfully submitted,  
WARFIELD M. FIROR, M.D., *Chairman*  
ROBERT V.L. CAMPBELL, M.D.  
C. REID EDWARDS, M.D.  
J. ELLIOT LEVI, M.D.  
CHARLES F. O'DONNELL, M.D.  
HERBERT E. WILGIS, M.D.

### LEGISLATIVE COMMITTEE

(Appointed annually by President)

#### Mr. President and Members of the House of Delegates:

Despite the fact that the 1958 General Assembly was a short session charged by law to consider emergency measures and fiscal meetings of the State, the Committee, with Mr. Kirkman as our Legislative Agent, reviewed 321 Bills and 99 Resolutions. Of these, 11 Bills and 3 Resolutions had medical implications and action was taken on these as noted below:

Senate Bill No. 9. By the President. Providing medical scholarships for the University of Maryland. The Faculty decided that the bill should be opposed. Bill was held in Finance Committee.

Senate Bill No. 60. By Mr. Dempsey. Providing for Assistant Medical Examiners. No action was taken on this bill. Bill was held in the Judicial Proceedings Committee.

Senate Bill No. 69. By Mr. Goodman. Providing for dermatologists on the Medical Board through the Workmens Compensation Commission. The Faculty decided that this bill should be opposed. Bill was defeated in Judicial Proceedings Committee.

Senate Bill No. 70. By Messrs. Goodman, Cole and DiDomenico. Providing for licensing psychologists in practice prior to the establishment of the Board of Examiners of Psychologists. The Faculty decided that the bill should be opposed. Passed Senate, but died in Rules Committee of the House.

Senate Bill No. 82. By Mr. Turnbull. Providing for increases in the salaries of the members of the Medical Board through the Workmens Compensation Commission. The Faculty decided that this bill should be supported. Bill died in Finance Committee.

Senate Bill No. 97. By Mr. Dempsey. Providing that chiroprodists be included in the Blue Shield Plan. The Faculty decided that this bill should be opposed. Bill was held in the Judicial Proceedings Committee.

Senate Bill No. 114. By Mr. Malkus. Providing that the Board of Examiners of Psychologists be abolished. The Faculty decided that this bill should be opposed. Bill was held in Judicial Proceedings Committee.

Senate Bill No. 136. By Messrs. Northrop and See. Repealing and re-enacting the law relating to the practice of dentistry. No action was taken on this bill. Bill was held in Judicial Proceedings Committee.

Senate Bill No. 145. By the Judicial Proceedings Committee.

Providing that the Governor, in appointing members to the Board of Examiners of Psychologists, will not be restricted to the list of nominees presented by the Maryland Psychological Association. The Faculty decided that this bill should be opposed. Passed Senate, but was held in Rules Committee of the House.

Senate Joint Resolution No. 29. By Senator Northrop. Requesting the Committee on Medical Care to study the problem of establishing a financial plan for the administration of the Medical Care Program. No action was taken on this resolution. Bill passed Senate and House.

House Bill No. 84. By Mr. Boone. Providing that deputy medical examiners be paid when acting as witnesses in court. The Faculty decided that this bill should be supported. Bill passed House and Senate.

House Bill No. 108. By Mr. Murray. Providing a penalty on hospitals who operate in violation of minimum standards promulgated by the State Board of Health. The Faculty decided that this bill should be opposed. Amended in the Senate to apply to nursing homes. Passed Senate and House.

House Resolution No. 14. By Mr. Wilson Meyers. Requesting the Committee on Medical Care to investigate the costs of drugs and prescription medicines. No action was taken on this resolution. Resolution adopted.

House of Delegates Joint Resolution No. 31. By Mr. George Hughes. Same as Senate Joint Resolution No. 29. No action was taken on this resolution. Resolution passed Senate and House.

The officers of the Council and several members of this Committee appeared at a hearing in the House Banking and Insurance Committee concerning Blue Cross operations in Maryland. No legislation was initiated on this subject.

Legislation in the United States Congress is also followed by this Committee, chiefly by means of reports from the Washington Office of the American Medical Association. At the present time, there is one matter of great importance to us and all physicians pending in Congress. This is the so called "Forand Bill," dealing with changes in the Social Security laws and providing full medical coverage for all persons eligible for benefits under this law. Since this provision appears to be out and out "socialized medicine" for this group of people and since it is likely to be spread to a larger segment of the population, most of us feel it quite urgent that we combat these provisions. Numerous communications and a meeting with an A.M.A. Task Force assigned to this problem have been held, and the Committee is preparing to do our part in the fight against this Bill. We urge the full cooperation of all physicians, whether the Committee calls upon you or not in this matter.

The Committee again has good reason to commend the fine work of Mr. Kirkman in these Legislative matters. He is doing an outstanding job for the Faculty, and the Committee wishes to express its appreciation. We also wish to commend the office for the cooperation and good work done by them for this Committee.

Respectfully submitted,  
KARL F. MECH, M.D., *Chairman*  
FREDERIC V. BEITLER, M.D.  
HENRY A. BRIELE, M.D.  
F. FORD LOKER, M.D.  
JOHN A. O'CONNOR, M.D.

JOHN MACE, JR., M.D.  
J. MORRIS REESE, M.D.  
FRANK E. SHIPLEY, M.D.

(Each Component Society is represented by the incumbent President, Secretary and Treasurer, and also the Chairman of the Legislative Committee of the Baltimore City Medical Society, Charles R. Goldsborough.)

# MARYLAND MEDICAL SERVICE, INC. AND MARYLAND HOSPITAL SERVICE, INC.

## Mr. President and Members of the House of Delegates:

This will acknowledge your letter of February 15th advising that a semi-annual report from Maryland Hospital Service and Maryland Medical Service is due in accordance with a resolution of the House of Delegates in September, 1955.

A full report on the subject of radiology, pathology and anesthesiology, and their coverage under Blue Cross and Blue Shield, was made to the House of Delegates under date of February 28, 1956, and a supplementary report under date of August 10, 1956. Blue Shield Plan B, the higher-benefit program, became effective on December 1, 1957. While it is generally similar in scope to Plan A (Standard) Blue Shield with increased benefits for each service, it provides an additional benefit in the field of anesthesia, namely, for services of a physician anesthetist in conjunction with normal obstetrical deliveries.

No other changes in the areas of Blue Cross and Blue Shield benefits for the above mentioned services have been made since the submission of my last report.

Respectfully submitted,  
R. H. DABNEY, *Director*

## MARYLAND MEDICAL SERVICE, INC., BOARD OF TRUSTEES

## Mr. President and Members of the House of Delegates:

It is my pleasant duty to report to you on another year of progress by Maryland Medical Service, Inc. Nineteen hundred and fifty-seven, the seventh year of Blue Shield operations in Maryland, has been a noteworthy year, one in which we take just pride.

Again this year Blue Shield increased its membership substantially. A net gain of 80,066 new subscribers to the Standard program was achieved, bringing the year-end membership total to 353,269. Adding the subscribers covered under the special Bethlehem Steel plan brings the total Blue Shield membership at the end of 1957 to 482,389, an increase of 23.6% during the year. This amounts to 47.5% of the total Blue Cross membership at the year-end, up from 41% a year ago.

This significant increase in membership resulted from the enrollment of numerous new Blue Cross and Blue Shield groups, the addition of Blue Shield coverage to many groups which formerly carried only Blue Cross, and a modest but steady increase in non-group enrollment. It is obvious that Blue Shield is gaining greater public acceptance all the time, both as a result of the Plan's direct enrollment efforts and its public relations and educational program.

Along with the growth in membership there was a corre-

sponding financial growth during the year. Our total income for 1957 was \$5,799,740. Of this amount, \$5,034,775, or 86.8% was paid out in benefits for subscribers: operating expenses accounted for 8.5% of income, leaving 4.7% for addition to reserves. By comparison, we paid out \$3,412,228. in benefits in 1956.

Almost 55,000 subscribers under our standard Blue Shield program received benefits during 1957, an increase of 52% over the previous year. For these subscribers we paid 76,460 separate medical, surgical, and other services, an average of 1,470 per week. Some 65% of these were surgical services, either in or out of the hospital, 22% were medical admissions and the balance of 13% were obstetrical cases. Ancillary services of anesthesia, consultations, radiation therapy, and emergency x-ray were provided to 39% of those subscribers who received Blue Shield benefits.

On December 1, 1957, the new higher benefit Plan B became a reality. It makes available a second Blue Shield Plan, with a higher benefit schedule and higher income limits for service benefits, to those groups that desire broader protection than that formerly provided. Thus, Maryland Blue Shield, like many of the larger Blue Shield Plans in other states, has developed additional flexibility of coverage to meet increasing public demand for protection against a larger portion of its medical expense.

Your Corporation has completed its first full year of operation as fiscal agent for the "Medicare" program in Maryland. As I mentioned in my report at this time last year, Blue Shield simply acts as an agent, at the request of the Medical and Surgical Faculty, in the administration of this program. There is no element of insurance in "Medicare;" the Plan simply receives and pays the claims and is reimbursed by the Government for all payments, plus administration expenses. The Medicare Advisory Committee, appointed by the Faculty, has worked long and hard with Plan personnel, both in adjudicating problem cases and in a purely advisory capacity, and is due great credit for its efforts. During the past year, 4,214 "Medicare" claims were processed for professional services by Maryland physicians to the wives and children of active duty personnel. Obstetrical cases comprised the heaviest part of this total, some 46%, while surgical cases accounted for 28%, and medical admissions, 26%. Ancillary services were provided to nearly 20% of those who received care. All in all, \$342,289 was paid out for professional services under the "Medicare" program to the doctors of Maryland.

Our Maryland physicians have continued their loyal support of Blue Shield. I feel that our doctors are becoming more and more cognizant of the purpose and aims of the Blue Shield Plan and are steadily acquiring a more thorough understanding of its administrative procedures. We have increased our efforts in the realm of physician relations. That portion of our staff concerned with this phase of the operation is small, but active, and more and more personal visits are being made to doctors' offices. The program of meetings with physicians' assistants or secretaries has been expanded with gratifying results, both in the counties and in the city.

A further and significant increase in the number of participating physicians was realized in the year just past. By December 31st the figure had reached 2,345, as compared to 2,230 a year ago. During the year, 94% of our payments were

made to participating physicians in Maryland, and most of the remainder was paid to out-of-state physicians, the majority of whom were Blue Shield participants in their own states.

My sincere thanks are extended to the members of the Board of Trustees and to the members of our Medical Relations and Reference and Appeals Committees, all of whom have given unstintingly of their time and experience. We have also called upon many other physicians quite heavily during the year, particularly when we were developing Blue Shield Plan B, and during the early months of the Medicare program. They, too, are due special thanks for their help.

With the continued support and assistance of all the physicians, I am sure that your Maryland Blue Shield Plan will progress even further in 1958.

Respectfully submitted,  
HENRY F. ULLRICH, M.D., *President*

#### MARYLAND STATE MEDICAL JOURNAL, EDITOR

##### Mr. President and Members of the House of Delegates:

No specific changes have been made in the Journal, during the past year. Manuscript material has been of sufficient quantity to assure a satisfactory balance of scientific material. The quantity and character of reports from the component medical societies has improved. It is hoped that more component societies will contribute regularly to the Journal. Staff help from the Medical and Chirurgical Faculty office has been adequate and has enabled publication deadlines to be met.

Respectfully submitted,  
GEORGE H. YEAGER, M.D., *Editor*

#### Editorial Board

LEO BRADY, M.D., Baltimore  
LESLIE E. DAUGHERTY, M.D., Cumberland  
HUGH J. JEWETT, M.D., Baltimore  
WILLIAM B. LONG, M.D., Salisbury  
JOHN A. WAGNER, M.D., Baltimore  
A. EARL WALKER, M.D., Baltimore

#### MATERNAL AND CHILD WELFARE COMMITTEE (Appointed annually by President)

##### Mr. President and Members of the House of Delegates:

#### OBSTETRIC SECTION

It is indeed a pleasure to present the following report and accompanying statistical analysis regarding maternity care in the counties of Maryland.

#### (1) MATERNAL MORTALITY RATES\*—COUNTIES OF MARYLAND—1957

	White		Non-White		Total	
	No.	Rate*	No.	Rate*	No.	Rate*
Maternal Causes.....	9	2.0	1	1.6	10	2.0
Non-obstetric Causes....	7	1.6	0	—	7	1.4
Total Deaths Associated with Pregnancy.....					17	3.4

\* Provisional

\* Per 10,000 Live Births

#### PREVENTABILITY

Preventable.....	3	30%
Non-Preventable.....	4	40%
Indeterminate or Insufficient Information.....	2	20%
Not yet reviewed.....	1	10%
		100%

#### MATERNAL CAUSES OF DEATH

Hemorrhage.....	5
Postpartum.....	2
Ruptured uterus.....	1
Ruptured ectopic pregnancy.....	1
Retained placental fragments, post-abortion.....	1
Sepsis.....	3
Puerperal.....	2
Post-abortion.....	1
Miscellaneous.....	2
Cerebral thrombosis, puerperal.....	1
Pulmonary embolus, postpartum.....	1

#### (4) Non-Obstetric Causes, Associated with Pregnancy..... 7

Bronchopneumonia.....	1
Meningococcus meningitis.....	1
Staphylococcal pneumonia.....	1
Intracranial hemorrhage (congenital aneurysm).....	1
Acute cardiac failure.....	1
Intracranial hemorrhage, cause undetermined.....	1
Acute cholecystitis.....	1

The above record is noteworthy in several respects. In the first place, it records another new all-time low for the State in maternal mortality. While these are provisional figures only, there is little likelihood that additional deaths will be reported. Also, for the first time, the non-white maternal mortality rate of 1.6 is lower than that for the white population. The fact that there was only one non-white death due either to obstetric causes or to any condition associated with pregnancy is remarkable, particularly when one bears in mind that the non-white maternal mortality rate twenty years ago was 86 per 10,000 live births.

There are some who may feel that the reduction in maternal mortality rates is more apparent than real and is due primarily to changing methods of classification. For that reason rates for total deaths associated with pregnancy have been computed and even on this basis the rate is remarkably low. In all of these cases due to non-obstetric causes, it was felt that the pregnancy was coincidental and played no ascertainable role in the outcome.

The above figures constitute concrete evidence of ever-improving obstetric care by the physicians, nurses, and hospitals of the State. The changing pattern of care is steadily toward disappearance of non-professional midwives and an ever-increasing number of hospital deliveries taking place in hospitals providing a high standard of obstetric care. All concerned are to be congratulated.

Another feature of this year's report concerns the low percentage of deaths considered to have been preventable.

Usually two-thirds or more of maternal deaths are thought to have had preventable factors. It should also be noted that the hemorrhagic complications accounted for half of the fatalities in the group of obstetric causes. This underlines once again the important role played by obstetric hemorrhage and the necessity for prompt diagnosis and evaluation of all bleeding associated with pregnancy, plus adequate and prompt blood transfusion service.

With the dramatic near-elimination of maternal death associated with childbearing we are seeing, it is high time for the medical profession to redouble its efforts to improve fetal salvage. The committee believes that the day has arrived when the most meaningful index of good obstetric care relates to the outcome to the fetus. In this connection the picture is far less rosy. For example, the stillbirth rates indicate minimal improvement in recent years with the rate for non-whites still being approximately twice that for the white race. Improvement in the incidence of premature births and neonatal deaths has also been very gradual and undramatic. The incidence of many crippling conditions of children, including mental and behavioral as well as physical, has not changed appreciably in recent years. The prevention of these conditions is basically an obstetric problem and is related directly to the quality of obstetric care. It is to be hoped that the years to come will bring advances in these fields of equal magnitude to those that have been made in maternal mortality.

#### PEDIATRIC SECTION

##### Negative Report

Respectfully submitted,  
J. MORRIS REESE, M.D., *Chairman*  
J. EDMUND BRADLEY, M.D., *Vice-Chairman*  
GEORGE W. ANDERSON, M.D.  
JOHN A. ASKIN, M.D.  
CAROLINE A. CHANDLER, M.D.  
STUART CHRISTHILF, JR., M.D.  
RAYMOND L. CLEMMENS, M.D.  
EDWARD DAVENS, M.D.  
GEORGE H. DAVIS, M.D.  
D. MCCLELLAND DIXON, M.D.  
NICHOLSON J. EASTMAN, M.D.  
H. W. ELIASON, M.D.  
ABRAHAM H. FINKELSTEIN, M.D.  
S. BUTLER GRIMES, M.D.  
JANET B. HARDY, M.D.  
PAUL HARPER, M.D.  
ARTHUR L. HASKINS, M.D.  
FREDERICK J. HELDRICH, JR., M.D.  
JOHN S. HAUGHT, M.D.  
D. FRANK KALTREIDER, M.D.  
WILLIAM H. LAWSON, M.D.  
G. BOWERS MANSORFER, M.D.  
HUGH B. McNALLY, M.D.  
WILLIAM C. MORGAN, M.D.  
JOHN E. SAVAGE, M.D.  
WILLIAM M. SEABOLD, M.D.  
FRED B. SMITH, M.D.  
F. X. PAUL TINKER, M.D.  
GIBSON J. WELLS, M.D.  
JOHN WHITRIDGE, JR., M.D.

#### THE MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM

(Council authorized the Executive Committee to appoint this Committee, December 1956.)

The Medical Advisory Committee for the Medicare Program was appointed by the Medical and Chirurgical Faculty in order to provide a professional body for guidance in establishing policy and deciding cases of difficult nature. In its capacity as fiscal agent Blue Shield obtains the necessary information and presents each case to the Committee. The first meeting was held on March 11, 1957.

Since then meetings have been held every two months, usually on the first Monday. During the seven meetings held so far, 127 cases have been submitted by Blue Shield for Committee decision. It is noteworthy that Committee decision was reached in all 127 cases submitted, and that every decision has received the ratification of the Surgeon General of the Army. In addition to the specific cases, the Committee also was consulted on a number of matters pertaining to general policy.

A distribution of the 127 Committee cases, by type of care, follows:

Surgery . . . . .	52
Obstetrics . . . . .	25
Gynecology . . . . .	21
Internal Medicine . . . . .	7
Pediatrics . . . . .	6
Psychiatry . . . . .	5
All others . . . . .	11

#### Committee Members

WILSON GRUBB, M.D., *Chairman*  
ROBERT LEE BAKER, M.D.  
STUART M. CHRISTHILF, M.D.  
JAMES McC. FINNEY, M.D.  
HERBERT N. GUNDERSHEIMER, M.D.  
GUSTAV HIGHSTEIN, M.D.  
W. ROYCE HODGES, M.D.  
JOHN H. HORNBAKER, M.D.  
S. LLOYD JOHNSON, M.D.  
AMOS R. KOONTZ, M.D.  
JOHN W. PARSONS, M.D.  
JOHN M. SPENCE, M.D.  
BERNARD O. THOMAS, JR., M.D.  
ROGER S. WATERMAN, M.D.  
JOHN DEAN WILSON, M.D.

#### JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

This Committee held two Symposia during the year 1957, one in May and one in November. The titles were as follows:

May—The Medical and Legal Problems of Traffic Accident Prevention  
November—Trauma and Cancer



Respectfully submitted,  
 RUSSELL S. FISHER, M.D., *Chairman*  
 CONRAD ACTON, M.D.  
 JOHN W. CHAMBERS, M.D.  
 LEWIS P. GUNDRY, M.D.  
 HOWARD F. KINNAMON, M.D.  
 GEORGE MCLEAN, M.D.  
 M. C. PORTERFIELD, M.D.  
 RICHARD T. SHACKELFORD, M.D.  
 HENRY F. ULLRICH, M.D.  
 JOHN M. WARREN, M.D.

### MEMOIR REPORT\*

(Appointed by Council)

#### Mr. President and Members of the House of Delegates:

In this hall of meeting, each year we pause a few moments to read the roll of those who will not answer when their names are called.

Limited as we are in our capacities, the names mean most, who are closest to us and to whom we owe the most. So tonight, in my own grateful recollection, a name evokes the memory of a bitter cold night, when fast and skillful action saved my son from strangling. Another recalls settings as poignant, where so often I needed and found the warmth and support of a friend, whose strength had been proved in his own trials, as much physical and spiritual as surgical. Again, a third reminds me how frequently, as years go on, I have to turn from old and trusted consultants to others, no less competent to be sure, but where repeated demonstration has yet to establish the same warm confidence.

It is a simple projection to assure oneself that each one of these had his own cluster of contacts, each held in his orbit by a gravitational field of gratitude, that held thousands as closely to him as he in turn was held to those to whom he owed his strength. Far from being a chance or mechanistic arrangement, the structure of our society is intensely personal and spiritual. Each feels motivational promptings within and meets with situational challenges and frustrations without, which, taken together, correct our errant wanderings and urge us toward an evolving design, far beyond our power to imagine, for the world's future or our own.

It is enough for us to know the Truth we have trusted in this world will be sufficient for the next and the Voice that called us to His work here will warm and welcome our chilled spirits at the end of this assignment.

Let us rise and hear the names of those who will not answer, because they have answered the kindly call of Him, Who loves them best, for He knows them best.

#### Necrology 1957-1958

##### Alleghany-Garrett County

A. J. Fazenbaker . . . . . February 22, 1957

##### Baltimore City

Charles Bagley, Jr. . . . . November 2, 1957  
 Peter Ball . . . . . July 7, 1957

Moses L. Breitstein . . . . . July 20, 1957  
 Eveleth Bridgman . . . . . April 3, 1958  
 Paul Brown . . . . . May 25, 1957  
 John J. Erwin . . . . . March 14, 1958  
 Lewis B. Hill . . . . . February 4, 1958  
 Guy L. Hunner . . . . . July 14, 1957  
 Joseph W. Jerardi . . . . . September 26, 1957  
 Erasmus H. Kloman . . . . . April 30, 1957  
 James G. Marston . . . . . December 13, 1957  
 Joseph Earle Moore . . . . . December 6, 1957  
 Fuller Nance . . . . . April 2, 1957  
 J. Hall Pleasants . . . . . August 24, 1957  
 Otto Schaefer . . . . . July 1, 1957  
 Herbert Schoenrich . . . . . August 21, 1957  
 Harry R. Slack, Jr. . . . . December 12, 1957  
 Samuel Snyder . . . . . June 12, 1957  
 Walther H. Sonnenfeldt . . . . . February 12, 1958  
 Henry F. Ullrich . . . . . March 24, 1958  
 Grant E. Ward . . . . . February 16, 1958  
 James Arthur York . . . . . July 20, 1957

##### Baltimore County

S. Lloyd Johnson . . . . . February 4, 1958  
 Willard S. Parson . . . . . June 3, 1957

##### Caroline County

H. Fletcher Silver . . . . . May 5, 1957

##### Carroll County

Edgar M. Bush . . . . . April 3, 1958

##### Charles County

Thomas L. Higdon . . . . . March 9, 1957

##### Dorchester County

Robert Dwight Brown . . . . . March 31, 1958

##### Frederick County

George Henry Riggs . . . . . March 10, 1957

##### Harford County

Charles J. Foley . . . . . June 26, 1957

##### Montgomery County

Frieda Fromm-Reichman . . . . . April 28, 1957

##### Prince George's County

William W. Chase . . . . . May 16, 1957

##### Washington County

John Hubert Wade . . . . . September 21, 1957

##### Non-Resident

Robert Lee Graham . . . . . May 1957

Respectfully submitted,  
 A. S. CHALFANT, M.D., *Memoir Appointee*

\*Report presented at the General Meeting, Wednesday, April 16, 1958.

### MENTAL HYGIENE COMMITTEE

(The President appoints members to this Committee for a term of three years, and at least one is replaced annually.)

No reports, as the Committees were inactive, during the years 1957 and 1958.

Respectfully submitted

JACOB ELLIS FINESINGER, M.D., *Chairman* (1957)  
 JEROME D. FRANK, M.D. (1957)  
 MANFRED S. GUTTMACHER, M.D. (1957-1958)  
 KENNETH B. JONES, M.D. (1957-1958)  
 WILLIAM W. MAGRUDER, M.D. (1957-1958)  
 CLIFTON T. PERKINS, M.D. (1957-1959)  
 KENT E. ROBINSON, M.D. (1957-1959)  
 IRVING J. TAYLOR, M.D. (1957-1959)  
 SARAH S. TOWER, M.D. (1957-1960)  
 ISADORE TUEK, M.D. (1957-1960)  
 JAMES S. WHEDBEE, JR., M.D. (1957-1960)  
 MANFRED S. GUTTMACHER, M.D., *Chairman* (1957-1958)  
 KENNETH B. JONES, M.D. (1957-1958)  
 WILLIAM W. MAGRUDER, M.D. (1957-1958)  
 CLIFTON T. PERKINS, M.D. (1957-1959)  
 KENT E. ROBINSON, M.D. (1957-1959)  
 IRVING J. TAYLOR, M.D. (1957-1959)  
 SARAH S. TOWER, M.D. (1957-1960)  
 ISADORE TUEK, M.D. (1957-1960)  
 JAMES S. WHEDBEE, JR., M.D. (1957-1960)  
 HARRY M. MURDOCK, M.D. (1958-1960)  
 RICHARD H. PEMBROKE, JR., M.D. (1958-1960)

### COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE

(Appointed annually by President)

**Mr. President and Members of the House of Delegates:**

This Committee has been very active during the past year. We have had regular meetings at the Faculty headquarters in conjunction with the heads of the State and City Police Departments, the Fire Department, the representatives of the City and State Civil Defense, and the Army.

Most of the work which has been done concerns that of the organization of Small Medical Teams to be used either in minor or major disasters. All organizations who have been consulted have been enthusiastic in this plan and we already have organized some teams for immediate call.

At present we are trying to effect the most efficient chain of command from the scene of a disaster that will summon medical assistance with the least possible delay. We also have under study the advisability of effecting tetanus immunology of the entire population, plans for liaison with the Surgeon of the Second Army, registration of former medical corpsmen, etc.

A safer and more efficient distribution of the equipment for the 20 hospitals, each of which will have 200 beds that are now stored in the State, is being studied.

Respectfully submitted,  
 I. RIDGEWAY TRIMBLE, M.D., *Chairman*  
 JOHN G. BALL, M.D.  
 HENRY F. GRAFF, M.D.  
 ROBERT C. KIMBERLY, M.D.

PERRY F. PRATHER, M.D.  
 JOHN F. SCHAEFER, M.D.  
 DOUGLAS H. STONE, M.D.  
 FRANCIS J. TOWNSEND, JR., M.D.  
 HUNTINGTON WILLIAMS, M.D.  
 PHILIP WHITTLESEY, M.D.

### NEW BUILDING COMMITTEE

(Appointed annually by President)

**Mr. President and Members of the House of Delegates:**

The Building Committee has been waiting for the approval of the purchase of six acres of ground in area 12.

The Chairman has been in communication with an architect who is representing the Engineer's Organization. It is his opinion after discussion that the Engineer's Group are also planning for the construction of a building in area 12. They have temporary plans drawn which have been seen by the Chairman.

After discussion with the architect it was found that they would be interested in a joint building.

It would be of considerable help to the Medical Group in the erection of a building jointly.

Definite plans cannot be made nor can any definite decision be made until we are able to obtain our land in area 12.

Definite progress is being made and the delegates shall be kept informed.

Respectfully submitted,  
 ALBERT E. GOLDSTEIN, M.D., *Chairman*  
 JOHN W. PARSONS, M.D., *Treasurer*  
 JAMES G. ARNOLD, JR., M.D.  
 WILLIAM L. GARLICK, M.D.  
 R. WALTER GRAHAM, JR., M.D.  
 MARIUS P. JOHNSON, M.D.  
 CHARLES F. O'DONNELL, M.D.  
 RICHARD W. TELINDE, M.D.

### NOMINATING COMMITTEE\*

(In conformity with the By-Laws, Chapter VIII, Section 5, to consist of two most recent living Past Presidents, the Senior of whom shall be Chairman, and three members to be elected by the House of Delegates at Semi-annual Meeting.)

**Mr. President and Members of the House of Delegates:**

The Nominating Committee presents the following nominations for 1959:

*President*

LESLIE E. DAUGHERTY, Cumberland

*Vice-Presidents*

ROBERT W. FARR, Chestertown  
 PAGE C. JETT, Prince Frederick  
 SAMUEL MORRISON, Baltimore

*Secretary*

WILLIAM CARL EBELING, Baltimore

*Treasurer*

WETHERBEE FORT, Baltimore

\* See the minutes of the House of Delegates for April 16, 1958, page 506, and April 18, 1958, page 508, for officers, etc., who were elected.

**Councillors**

HOWARD M. BUBERT, Baltimore (1961)  
(Nominated by Nominating Committee with Dr. Bubert abstaining.)

ALBERT E. GOLDSTEIN, Baltimore (1961)

AMOS R. KOONTZ, Baltimore (1961)

R. CARMICHAEL TILGHMAN, Baltimore (1960)

(to fill the unexpired term of Ross L. McLEAN)

ROBERT WRIGHT, Greensboro (1961)

**Delegate to American Medical Association**

GEORGE H. YEAGER, Baltimore (1959, 1960)

(Also for remainder of 1958 to fill unexpired term of Warde B. Allan. Nominated by Nominating Committee with Dr. Yeager abstaining.)

**Alternate Delegate to American Medical Association**

H. HANFORD HOPKINS, Baltimore (1959, 1960)

**Committee on Scientific Work and Arrangements**

JAMES DOUGLAS LOCKARD, Baltimore (1962)

**Library Committee**

GEORGE S. MIRICK, Baltimore (1963)

**Finney Fund Committee**

HARRY CLAY HULL, Baltimore (1963)

**Board of Medical Examiners**

LEWIS P. GUNDRY, Baltimore (1962)

CHARLES CONRAD ZIMMERMAN, Cumberland (1962)

Respectfully submitted,

GEORGE H. YEAGER, M.D., *Chairman*

LEO BRADY, M.D.

HOWARD M. BUBERT, M.D.

MERRILL M. CROSS, M.D.

WILLIAM H. F. WARTHEN, M.D.

### COMMITTEE TO RECOMMEND IMPROVEMENTS IN PRESENT NOMINATION AND ELECTION PROCEDURES

(Appointed as result of action of Planning Committee, December 1957, by Chairman of Planning Committee.)

**Mr. President and Members of the House of Delegates:**

This report is included in the Amendments to the Constitution and By-Laws which are to be presented at the April, 1958 meeting of the House of Delegates.

Respectfully submitted,

WHITMER B. FIROR, M.D.

CHARLES F. O'DONNELL, M.D.

### MEDICAL ADVISORY COMMITTEE TO BUREAU OF OLD AGE AND SURVIVORS INSURANCE

(Appointed by the President, October 1957, upon authorization of Council at request of House of Delegates of A.M.A.)

**Mr. President and Members of the House of Delegates:**

A letter was written to Mr. Maurice D. Dewberry, Regional Representative, U. S. Bureau of Old Age and Survivors Insurance. He replied by phone and then met with the Chairman. Various means were discussed for promoting mutual understanding between local administrative agencies and the medical profession. Among these were considered the follow-

ing and the Committee would like to submit them as recommendations:

1. A SHORT TALK BY A REPRESENTATIVE OF THE OLD AGE AND SURVIVORAL BUREAU AT ONE OF THE FORTHCOMING MEETINGS. (ANNUAL OR SEMIANNUAL)
2. BY THE PUBLICATION OF AN ARTICLE IN THE MARYLAND STATE MEDICAL JOURNAL.
3. BY A SEPARATE MAILING OF INFORMATION TO THE INDIVIDUAL MEMBERS OF THE FACULTY.

Respectfully submitted,

J. FRANK SUPPLEE, III, M.D., *Chairman*

WILLIAM G. HELFRICH, M.D.

LOYD E. SAYLOR, M.D.

### COMMITTEE FOR THE STUDY OF PELVIC CANCER

(Appointed annually by President)

**Mr. President and Members of the House of Delegates:**

The Committee has continued the review of cases of pelvic cancer under treatment in the hospitals of Baltimore which are cooperating in the study. As of March 1, 1958, sixteen hundred and sixty cases have been included in the study. These cases have been reviewed and classified according to the delay period between the time of onset of symptoms and the time of correct diagnosis and adequate treatment. A time lapse of more than one month has been considered "delay."

Patient delay.....	697	42.0%	
Physician delay.....	123	7.4	
Physician and patient delay.....	114	6.9	
Institutional delay.....	40	2.4	
Institution and patient delay.....	39	2.3	
Institution and physician delay.....	6	0.4	21%
Institution, physician and patient delay.....	2	0.1	
Inadequate or improper treatment*.....	21	1.3	
Delay due to laboratory error*.....	4	0.2	
No delay.....	569	34.3	
Asymptomatic detected cases.....	45	2.7	

This summary of the total cases reviewed indicates that delay on the part of physicians has been a factor in fifteen per cent of the cases. On a yearly basis this percentage figure has varied from fourteen to eighteen per cent until 1957, when twelve per cent of the cases reviewed showed physician delay as a factor.

During the years of the study there has been a very encouraging increase in the number of early cases under treatment. In 1957, of the cases of cervical carcinoma included in the study, twenty-six per cent were pre-invasive, and an additional thirty-one per cent, stage I. In 1953, eighteen per cent were pre-invasive and twenty-one per cent, stage I.

We continue to hold monthly meetings for the discussion of selected cases. In addition, a meeting was held in April at Doctor's Hospital, at their request, as a part of a series of meetings concerned with the diagnosis and treatment of

\* Classification added 1955.

cancer. In October a meeting was held in conjunction with the annual meeting of the Maryland Academy of General Practice.

Respectfully submitted,  
 RICHARD W. TELINDE, M.D., *Co-Chairman*  
 ARTHUR L. HASKINS, M.D., *Co-Chairman*  
 BEVERLEY C. COMPTON, M.D., *Secretary*  
 HARRY M. BECK, M.D.  
 FERNANDO G. BLOEDORN, M.D.  
 C. BERNARD BRACK, M.D.  
 STUART W. CHRISTILF, JR., M.D.  
 OSBORNE D. CHRISTENSEN, M.D.  
 ROBERT J. DICKSON, M.D.  
 WILLIAM K. DIEHL, M.D.  
 GERALD A. GALVIN, M.D.  
 W. ROYCE HODGES, JR., M.D.  
 HOWARD W. JONES, JR., M.D.  
 HUGH B. McNALLY, M.D.  
 FRANK K. MORRIS, M.D.  
 A. ADLER SONDEHEIMER, M.D.  
 JOHN WHITRIDGE, JR., M.D.

**COMMITTEE TO STUDY PROBLEMS OF MUTUAL  
 INTEREST TO MEDICAL AND CHIRURGICAL  
 FACULTY AND MARYLAND PHARMACEUTICAL  
 ASSOCIATION**

(Appointed annually by President)

(Appointed in 1955, as authorized by Council April 1955 at the request of the Professional Relations Committee of the Maryland Pharmaceutical Association.)

**Mr. President and Members of the House of Delegates:**

During the past year this Committee did not meet since no problem arose requiring study and action of the Committee.

Respectfully submitted,  
 EDWARD F. COTTER, M.D., *Chairman*  
 EDWIN B. JARRETT, M.D.  
 MARTIN L. SINGEWALD, M.D.  
 HENRY J. L. MARRIOTT, M.D.

**PLANNING COMMITTEE**

(Authorized by the House of Delegates, May 1956, and appointed formally June 1956. In conformity with the By-Laws, as of September 1957, the Planning Committee shall consist of the President, Secretary, Treasurer, Chairman of Council, Vice-Chairman of Council, and one Representative elected annually by each Component Society.)

**Mr. President and Members of the House of Delegates:**

The Planning Committee has held one meeting since the Semiannual Meeting in September, 1957.

The suggestions and report of the Committee to Arrange for a Management Survey of the Faculty and recommend an Executive Secretary to Council were discussed. The recommendations of the Planning Committee are stated in the minutes of the Special Meeting of the House of Delegates on February 26, 1958. (Pages 490-96.)

Respectfully submitted,  
 WARFIELD M. FIROR, M.D.  
*Chairman (through February 26, 1958)*

CHARLES F. O'DONNELL, M.D.  
*Chairman (after February 26, 1958)*  
 JAMES E. ANDREWS, M.D.  
 MERRILL M. CROSS, M.D.  
*(through February 26, 1958)*  
 GEORGE CURRIER, M.D.  
 LESLIE E. DAUGHERTY, M.D.  
 A. C. DICK, M.D.  
 EVERETT S. DIGGS, M.D.  
 J. SHELDON EASTLAND, M.D.  
 C. REID EDWARDS, M.D.  
*(through February 26, 1958)*  
 W. L. ETIENNE, M.D.  
 DONALD E. FISHER, M.D.  
 WETHERBEE FORT, M.D.  
 MARTIN GROSS, M.D.  
 J. ROY GUYTHER, M.D.  
 PHILIP A. INSLEY, M.D.  
 THURSTON HARRISON, M.D.  
 J. RALPH HORKY, M.D.  
 WILLIAM T. JOYCE, M.D.  
*(after February 26, 1958)*  
 ROBERT C. KIMBERLY, M.D.  
 WILLIAM T. LAYMAN, M.D.  
 WALLACE OBENSHAIN, M.D.  
 ROBERT A. RILEY, JR., M.D.  
 NORMAN E. SARTORIUS, JR., M.D.  
 THEODOR SATTELMAIER, M.D.  
 JAMES B. THOMAS, M.D.  
 HUGH W. WARD, M.D.  
 ROBERT WRIGHT, M.D.

**CENTRAL COORDINATING COMMITTEE ON  
 POLIO VACCINE**

(Executive Committee and Council appointed, February 1957, to conform with National Program.)

**Mr. President and Members of the House of Delegates:**

This Committee was reactivated and at their meeting on October 10, 1957, submitted the following recommendations:

That the hospitals of Baltimore City re-open their clinics for the administration of the third injection Salk Vaccine to those individuals who received their first two injections in the hospital clinics during Polio-V-Days. It was further recommended that these clinics re-open from the period of November 11, 1957–November 23, 1957.

These recommendations were accepted and the clinics opened for the above period and administered a total of 26,207 vaccinations.

It was obvious, during the polio vaccination days, that the people will accept protection against poliomyelitis only when their physician recommends such protection.

THE COMMITTEE RECOMMENDS THAT THE MEDICAL-CHIRURGICAL FACULTY ASSUME THE RESPONSIBILITY THROUGH AN OFFICIAL SPOKESMAN OF PERIODICALLY URGING THE PUBLIC TO OBTAIN FULL PROTECTION AGAINST POLIO-MYELITIS. THIS TO CONTINUE UNTIL SUCH TIME AS IT IS INDICATED, THAT AT LEAST 80% OF THE



PEOPLE IN MARYLAND, UNDER AGE 40, HAVE RECEIVED FULL PROTECTION.

THE COMMITTEE ALSO RECOMMENDED, UPON COMPLETION OF THIS 'MOP-UP' PHASE OF POLIO-MYELITIS VACCINATION THAT IT BE DISCHARGED.

The Committee wishes to extend its thanks to the volunteer workers, professional and non-professional and to the hospital administrators, who made these clinics possible, and to point out that the smooth running of these clinics offers to the Baltimore City and to the State of Maryland, in the event of an emergency vaccination program, a group of individuals who could be assembled rapidly and operate in the efficient manner learned during the vaccination clinics.

Respectfully submitted,

J. EDMUND BRADLEY, M.D., *Chairman*

JOHN A. ASKIN, M.D.

KATHERINE H. BORKOVICH, M.D.

HARRY D. BOWMAN, M.D.

EDWARD DAVENS, M.D.

(Representing State Department of Health)

ROBERT W. FARR, M.D.

WILLIAM C. MORGAN, M.D.

#### PROFESSIONAL CONDUCT COMMITTEE. (1957)

(Five living immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman, and each Past President to serve for five years on Committee.)

#### Mr. President and Members of the House of Delegates:

This report covers the period from March 13, 1957 to December 31, 1957 inclusive. At the beginning of that period three cases were still pending before the Committee, as stated in the previous report. One case was disposed of by referring it to the State Board of Medical Examiners and that Board has taken action. The remaining two cases were closed by action of the Committee.

During the period above mentioned twenty-two (22) complaints were received by the Committee and of these twenty-one (21) were referred to the appropriate constituent society for consideration. The remaining complaint was from a firm of lawyers and dealt with a legal question, rather than a question of professional conduct. The complaint was referred to the counsel of the Faculty, Mr. G. C. A. Anderson, and had not been disposed of finally at the end of the period under report.

It should be pointed out that the present procedure of referring all complaints to the appropriate constituent society has measurably lessened the work of the Professional Conduct Committee which, in the opinion of the Committee, constitutes a great boon.

Respectfully submitted,

ALAN M. CHESNEY, M.D. (*President in 1952*), *Chairman*

MAURICE C. PINCOFFS, M.D. (*President in 1953*)

BENDER B. KNEISLEY, M.D. (*President in 1954*)

GEORGE H. YEAGER, M.D. (*President in 1955*)

WILLIAM H. F. WARTHEN, M.D. (*President in 1956*)

WARFIELD M. FIROR, M.D. (*Chairman of Council in 1956*)

#### PROFESSIONAL CONDUCT COMMITTEE. (1958)

(Five living immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman, and each Past President to serve for five years on Committee.)

#### Mr. President and Members of the House of Delegates:

Since January 1, 1958, nine letters of complaints have been referred to the Component Medical Societies.

Respectfully submitted,

MAURICE C. PINCOFFS, M.D. (*President in 1953*), *Chairman*

BENDER B. KNEISLEY, M.D. (*President in 1954*)

GEORGE H. YEAGER, M.D. (*President in 1955*)

WILLIAM H. F. WARTHEN, M.D. (*President in 1956*)

C. REID EDWARDS, M.D. (*President in 1957*)

LEO BRADY, M.D. (*Chairman of Council in 1958*)

#### COMMITTEE ON PUBLIC INSTRUCTION

(Appointed annually by President)

#### Mr. President and Members of the House of Delegates:

This Committee has continued to be active in furnishing information relative to medical problems of general public interest by means of the press, radio, and television. The liaison committee formed to correlate the various audio-visual programs between the University of Maryland, the Johns Hopkins University, the Medical and Chirurgical Faculty and the Baltimore City Health Department has been active. Your Chairman has been called in consultation on matters of publicity on several occasions relative to audio-visual programs. Through Dr. Williams' cooperation, the visiting nurses program has continued to be active in disseminating public health information throughout the State.

The Speakers Bureau of the Baltimore City Medical Society has been actively furnishing speakers to various lay organizations in this part of the State.

Respectfully submitted,

HARRY M. ROBINSON, JR., M.D., *Chairman*

JAMES FEASTER, M.D.

H. HANFORD HOPKINS, M.D.

LAURISTON L. KEOWN, M.D.

WILLIAM T. LAYMAN, M.D.

E. T. LISANSKY, M.D.

RICHARD B. NORMENT, III, M.D.

HAROLD B. PLUMMER, M.D.

E. RODERICK SHIPLEY, M.D.

R. CARMICHAEL TILGHMAN, M.D.

THOMAS E. WHEELER, M.D.

HUNTINGTON WILLIAMS, M.D.

RICHARD J. WILLIAMS, M.D.

#### COMMITTEE TO CONSIDER RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT FOR PROFESSIONAL SERVICES

(Appointed in 1951, as authorized by Council February 1951. The last three appointed by Maryland-District of Columbia Hospital Association.)

#### Mr. President and Members of the House of Delegates:

This Committee has had no cases referred to it during the past year and consequently has had no formal meetings. As

usual, the suggestion of referral of individual cases for consideration by the Committee usually results in the parties achieving agreement.

Respectfully submitted,  
WEBSTER H. BROWN, M.D., *Chairman*  
E. HOLLISTER DAVIS, M.D.  
HENRY L. WOLLENWEBER, M.D.  
A. DOUGAL YOUNG, M.D.  
MR. CARROLL D. HILL  
MR. PARKER J. McMILLIN  
MR. HARVEY H. WEISS

#### RESOLUTIONS COMMITTEE

(Five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman.)

#### Mr. President and Members of the House of Delegates:

In re: Blue Cross

Submitted by Committee to Confer with Insurance Carriers in Regard to Problems of Specialties—Radiology, Pathology and Anesthesiology.

The Resolutions Committee considered the original Blue Cross Resolution and suggested many changes to the donor. These changes have been accepted; and the revised resolution is as follows:

*WHEREAS, the rising cost of hospital prepayment plans is a cause of serious concern to physicians, hospitals, Blue Cross Plans and the public in general; and*

*WHEREAS, the holding of essential medical services in a hospital contract (Blue Cross), instead of placing them in the medical contract (Blue Shield) with all other medical services, has resulted in a lag in subscriptions to Blue Shield, since it is less attractive to the buying public;*

*NOW, THEREFORE, BE IT RESOLVED by the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland:*

1. *That the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland directs its representatives on the Board of Trustees of Maryland Medical Service, Inc., to investigate*

a. *Methods and procedures whereby comprehensive coverage for x-ray diagnosis and medical diagnostic services generally can be provided not only in the hospitals but also in the physicians' offices, and*

b. *Methods and procedures for removing the benefits for x-ray diagnosis and medical diagnostic services generally from the Blue Cross or Hospital Plan and placing them in the Blue Shield or Physicians' Plan.*

2. *That progress reports be made regarding the above matters by the Board of Trustees of Maryland Medical Service, Inc., at each subsequent Annual and Semiannual Meeting of the Medical and Chirurgical Faculty of the State of Maryland.*

3. *That copies of this resolution be sent to the Director and the Boards of Trustees of Blue Cross and Blue Shield Plans.*

*The Resolutions Committee recommends approval of this resolution.*

In re: Commercial Insurance Carriers

Submitted by Committee to Confer with Insurance Carriers in Regard to Problems of Specialties—Radiology, Pathology and Anesthesiology.

*WHEREAS, sickness and health insurance has enjoyed acceptance by the public and the medical profession as among the desirable methods of helping defray the costs of health care; and*

*WHEREAS, the members of the American Medical Association, State and County Medical Societies are bound by the principles of medical ethics of the American Medical Association; and*

*WHEREAS, the American Medical Association has repeatedly affirmed that anesthesiology, pathology, and radiology constitute the practice of Medicine; and*

*WHEREAS, certain insurance companies issue and certain corporations accept medical care policies which provide payment for electrocardiogram, x-ray examinations and x-ray therapy, and laboratory examinations only to hospitals; this payable in some cases only to the hospital if the hospital issues the bill or the work is done by a salaried employed physician; and*

*WHEREAS, such provisions encourage and further the practice of medicine by hospitals and do not allow the patient a free choice of physicians resulting in unfair competition and discrimination against those qualified physicians doing special examinations outside of hospitals; and*

*WHEREAS, such provisions encourage the admission of patients to hospitals unnecessarily and solely for the purpose of obtaining these diagnostic procedures, even though these procedures can be done more quickly and far more cheaply in the qualified physician's office; and*

*WHEREAS, this abuse of hospitalization increases the cost of all sickness and health insurance programs; therefore be it*

*RESOLVED, that all health insurance companies and corporations should in formulating their sickness and health insurance plans adhere strictly to the basic principles of the medical profession as enunciated by the American Medical Association; and be it further*

*RESOLVED, that any medical service which is to be the basis of a benefit payment shall be stated as a medical service and shall not be referred to in such terms as "hospital service," "auxiliary service," etc., nor shall such medical service be qualified by such phrases as "when rendered by a salaried employee of a hospital," or "when rendered by an employee of a hospital," or any wording which would convey a similar meaning; and be it further*

*RESOLVED, that whereas corporations and insurance companies are operating under the capitalistic system of free enterprise as does the medical profession; therefore corporations and insurance companies should not be a party to insurance contracts that tend to undermine the medical profession by encouraging any group whether hospitals, corporations, insurance companies or government to control the medical profession and thereby lower the standard of health care to our people; and be it further*

*RESOLVED, that the Medical and Chirurgical Faculty of Maryland go on record as opposed to any insurance plan that will tend to encourage exploitation or discrimination against any member or group of members of the medical profession; and that this matter be brought to the attention of the Insurance Commissioner of the State of Maryland and the individual district managers of the major insurance companies licensed within the State of Maryland.*

*The Resolutions Committee recommends approval of this resolution.*

In re: United Mine Workers Fund

Submitted by Allegany-Garrett County Medical Society

WHEREAS, it has always been the privilege and prerogative of any patient in this state to select his physician and his hospital without coercion and,

WHEREAS, this voluntary selection has never been abridged previously because the payment for professional services was derived from insurance, pension, or public welfare funds, and WHEREAS, the professional qualifications of physicians and of hospitals have been determined by licensing bodies of the state, or by impartial expert boards of medical peers, and

WHEREAS, the United Mine Workers Welfare Fund has been chosen to set aside decisions of such qualifying boards and arbitrarily to prevent eligible beneficiaries of its program to enjoy the medical and hospital coverage available to other citizens in their own communities, thus creating undue hardships in many cases, and at the same time casting aspersions and stigmas on practitioners and hospitals that have taken care of these citizens for years, therefore,

**BE IT RESOLVED**, that the Medical and Chirurgical Faculty of Maryland go on record as opposing such high-handed action by any organization providing health services on a third party payment basis, and, further, as requesting that the Board of the United Mine Workers Welfare Fund provide some means of discussion and arbitration with physicians and hospitals now unilaterally banned from ministering to the medical needs of certain communities in Maryland.

This resolution regarding the United Mine Workers Fund was carefully considered by the Committee. The fact that this problem is localized to certain areas of the state does not minimize its importance, but does imply unfamiliarity with the situation by many of our members.

The resolution at hand states in effect that abuses do exist in certain mining areas of Maryland. It has been well documented that inequities do exist on a national level. This resolution asks simply that we oppose these abuses and that we ask the United Mine Workers to provide some means of arbitration.

We must assume that inequities do exist and that local attempts have been made to solve them. Perhaps in the discussion to follow, representatives of Allegany and Garrett Counties will furnish us with details which will influence our final action. Assuming this to be true, the committee approves the resolution requesting the United Mine Workers to cooperate with local medical societies and to provide a means of discussion and arbitration.

The American Medical Association has provided a publication, dated June 6, 1957, entitled, "Suggested Guides to Relationships Between State and County Medical Societies and the United Mine Workers Welfare and Retirement Fund," which outlines in detail how this might be accomplished. This might serve as a useful guide.

*The Resolutions Committee recommends approval of the above resolution.*

In re: Inclusion of Self-Employed Physicians in Social Security

Submitted by the Frederick County Medical Society

**BE IT RESOLVED** that the House of Delegates of the Medical and Chirurgical Faculty of Maryland go on record as desiring the inclusion of self employed physicians in Social Security, and that this desire be transmitted to the A.M.A.

The Resolutions Committee has considered this matter very carefully and recommends disapproval.

In spite of the fact that many physicians already have Social Security, and in spite of the fact that Social Security is beneficial and cheaper than commercial insurance for certain age groups, the medical profession as a group should not exert any concerted public action to obtain Social Security. To do so jeopardizes the position of American medicine and its fight against socialized medicine and compulsory health insurance, such as the Forand Bill now in Congress. Impartial studies on the national level have shown that for our profession at large, Social Security is not a bargain. It might also be mentioned that if Social Security is obtained as a group, it must by law be compulsory for every member of that group.

Social Security differs from commercial insurance in that it (a) has no cash value, (b) is not governed by any permanent written contract, and (c) is subject to vagaries of Congress relative to premiums and benefits.

*The Resolutions Committee recommends disapproval of this resolution.*

Respectfully submitted,

ROBERT VANL. CAMPBELL, M.D., *Chairman*

M. MCKENDREE BOYER, M.D.

ERNEST I. CORNBROOKS, JR., M.D.

MELVIN B. DAVIS, M.D.

ROBERT W. FARR, M.D.

#### COMMITTEE ON RURAL HEALTH. (1957)

(Upon authorization of House of Delegates, May 1957, Committee to be comprised of seven members, one new member being added each year who is appointed by the President; the Chairman being dropped and thus each member will in this manner work up to Chairmanship in final year of service.)

#### Mr. President and Members of the House of Delegates:

The Chairman of this Committee met with Mr. Aubrey D. Gates, Executive Director of the A.M.A. Council on Rural Health on April 2, 1957. After this meeting a tape recording of the functions and responsibilities of the State Committee was prepared by Mr. Gates, and presented to the Chairman.

Our recommendations, made in 1956 were approved by the House of Delegates of the Medical and Chirurgical Faculty in May 1957, and with this approval we felt that we then had authority to perform our duties in line with the recommendations of the A.M.A.

A meeting of the full committee was held August 29, 1957, and after discussing the recommendations of the A.M.A. it was requested that each Component Society of the State, appoint a local committee on Rural Health, and a meeting of these committees be held November 14, 1957, to be followed by a State Rural Health Conference on February 13, 1958.

A meeting of the representatives of the component societies (with 23 representatives attending) and the State Committee was held at the appointed date, November 14, 1957, and the Chairman of the State Committee then explained in detail, the history of the State Committee and plans of a Rural Health Conference for February 13, 1958. These plans were accepted by the component committees and full cooperation was readily offered.

Plans were then completed for the Rural Health Conference

of February 13, 1958, which will be reported by the 1958 Chairman, Dr. Hugh W. Ward.

Respectfully submitted,  
 ARCHIE R. COHEN, M.D., *Chairman*  
 SHEPARD KRECH, JR., M.D.  
 MARTIN M. ROTHSTEIN, M.D.  
 WALTER H. SHEALY, M.D.  
 GORDON M. SMITH, M.D.  
 HUGH W. WARD, M.D.

#### COMMITTEE ON RURAL HEALTH. (1958)

(Upon authorization of House of Delegates, May 1957, Committee to be comprised of seven members, one new member being added each year who is appointed by the President; the Chairman being dropped and thus each member will in this manner work up to Chairmanship in final year of service.)

#### Mr. President and Members of the House of Delegates:

This Committee met for a conference at 10:00 A.M. on Thursday, February 13, 1958, at the Medical and Chirurgical Faculty Bldg., 1211 Cathedral St., Baltimore. In attendance were representatives of each County Medical Society, the Maryland State Grange, the Maryland Farm Bureau, the Agricultural Extension Service of the University of Maryland, the Homemakers Club, the 4-H Club, and the A.M.A. Council on Rural Health.

The discussion was centered around the needs of the Rural Area as to necessary medical needs for both indigent and aged, as well as the populus as a whole. The subjects of Sanitation, Housing, and Health Department Activities were discussed.

We were fortunate to have Dr. F. S. Crockett from Indiana, Chairman of the Council on Rural Health of the A.M.A., and Dr. W. Wyman Washburn, from North Carolina, Regional Representative of the Council on Rural Health of the A.M.A., who took an active part in the discussion and summed up the conclusions at the close of the meeting.

Respectfully submitted,  
 HUGH W. WARD, M.D., *Chairman* (1958)  
 WALTER H. SHEALY, M.D. (1959)  
 GORDON M. SMITH, M.D. (1960)  
 C. RODNEY LAYTON, M.D. (1961)  
 S. RALPH ANDREWS, M.D. (1962)  
 JAMES G. SASSCER, M.D. (1963)  
 ARCHIE R. COHEN, M.D. (1964)

#### ADVISORY COMMITTEE TO STATE ACCIDENT FUND. (1957)

(Appointed annually by President.)

#### Mr. President and Members of the House of Delegates:

At the request of Dr. Howard Kern, he met with the Advisory Committee to the State Accident Fund on November 6, 1957.

Suggestions were made for revision of the Panel of Physicians assigned to the State Industrial Accident Commission and there was a discussion of the problems of the medical testimony before the State Industrial Accident Commission.

Further discussion will be necessary with the committee of lawyers to help settle this latter problem.

Respectfully submitted,  
 RAYMOND E. LENHARD, M.D., *Chairman*

JAMES G. ARNOLD, M.D.  
 JOHN W. ASHWORTH, M.D.  
 GEORGE O. EATON, M.D.  
 DONALD B. GROVE, M.D.  
 H. ALVAN JONES, M.D.  
 JAMES R. KARNs, M.D.  
 HOWARD M. KERN, M.D.  
 JOHN O. ROBBEN, M.D.  
 S. JACK SUGAR, M.D.  
 CHARLES C. ZIMMERMAN, M.D.

#### ADVISORY COMMITTEE TO STATE ACCIDENT FUND. (1958)

(Appointed annually by President)

#### Mr. President and Members of the House of Delegates:

No meeting has been held of the Advisory Committee to the State Accident Fund since January 1, 1958.

Respectfully submitted,  
 GEORGE O. EATON, M.D., *Chairman*  
 JAMES G. ARNOLD, JR., M.D.  
 CHARLES N. DAVIDSON, M.D.  
 JAMES FRENKIL, M.D.  
 JASON H. GASKEL, M.D.  
 HOWARD B. McELWAIN, M.D.  
 DANIEL J. PESSAGNO, M.D.  
 WILLIAM A. PILLSBURY, M.D.  
 CHARLES C. ZIMMERMAN, M.D.

#### ADVISORY COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH. (1957)

(The Committee to consist of the President, the President-elect, two Past Presidents, the Secretary and four general practitioners, appointed by the President, of which one represents the Maryland Academy of General Practice.)

#### Mr. President and Members of the House of Delegates:

This Committee met at the Faculty building on July 17, 1957, to hear about and consider the proposal of Federal matching funds to be used in the Medical Care Program.

After considerable discussion, those members of the Committee who were present were definitely in opposition to the doctors of Maryland accepting Federal money in the care of the indigent.

The various components were informed about the facts brought out at the meeting of the Committee and asked to give an early opinion on their attitude concerning Federal matching funds.

Subsequent events are a matter of public record.

Respectfully submitted,  
 BENDER B. KNEISLEY, M.D., *Chairman* (President, 1954)  
 WILLIAM H. F. WARTHEIN, M.D. (President, 1956)  
 CHARLES REID EDWARDS, M.D. (President, 1957)  
 President-elect (Not elected until May 1957)  
 EVERETT S. DIGGS, M.D., *Secretary*  
*Four General Practitioners:*  
 DAVID H. ANDREW, M.D.  
 ARCHIE R. COHEN, M.D.  
 MERRILL M. CROSS, M.D.



HAROLD B. PLUMMER, M.D. (Maryland Academy of General Practice).

### ADVISORY COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH.

(1958)

(The Committee to consist of the President, the President-elect, two Past Presidents, the Secretary and four general practitioners, appointed by the President, of which one represents the Maryland Academy of General Practice.)

#### Mr. President and Members of the House of Delegates:

This Committee is continuing the work which was being carried on by the same Committee in 1957. It has had but one meeting in 1958. At this meeting a discussion was held on the regulations and licensing of hospitals under the State Department of Health. Suggestions were made:

1. To correct some of the undesirable features of a plan to control the licensing of hospitals.

2. A program had been proposed to the Health Department to establish a large diagnostic clinic to be operated by the State Department of Health for the benefit of 2,000 State employees, who will be in the new State building. The Committee was opposed to the establishment of a diagnostic clinic, but would recommend the establishment of a first-aid unit in this area.

Respectfully submitted,

CHARLES REID EDWARDS, M.D., *Chairman* (President, 1957)

BENDER B. KNEISLEY, M.D. (President, 1954)

J. SHELDON EASTLAND, M.D. (President, 1958)

President-elect (Not elected until April, 1958)

EVERETT S. DIGGS, M.D., *Secretary*

*Four General Practitioners:*

MERRILL M. CROSS, M.D. (Maryland Academy of General Practice)

MELVIN B. DAVIS, M.D.

J. ROY GUYTHER, M.D.

J. RALPH HORKY, M.D.

### TUBERCULOSIS COMMITTEE

(Appointed annually by President)

#### Mr. President and Members of the House of Delegates:

The Tuberculosis Committee met at the Medical and Chirurgical Faculty Building on Tuesday, January 14, 1958, at 4:00 p.m., and the following minutes of the meeting constitute our report:

*Present:* Drs. Cowley, Hetherington, Jacobson, Miller, Newcomer, Shiling, Silverman, Spicer, Whitehead, and Beacham, *Chairman*.

*Absent:* Drs. Brantigan and Wolman.

1. The chairman reviewed minutes of last year's meeting, recommendations of the committee, and final action of the House of Delegates. Then an agenda was decided upon.

2. *X-ray Radiation Hazard*—Because of U.S.P.H.S. comment in this field and present public reaction it was felt that this was the single most important subject for discussion. Dr. Hetherington presented a statement of policy from the Maryland State Department of Health concerning Tuberculosis

X-ray case-finding activities. the Committee agreed with this policy and felt it should be re-stated as part of their recommendations.

a. An x-ray of the chest is a fundamental technique in the detection of tuberculosis.

b. This type of case-finding should be applied selectively in groups at high risk of tuberculosis infection and disease.

c. The tuberculin test is recommended as an initial screening device in low prevalence groups.

d. Every community should evaluate on a continuing basis its problems, needs, and resources to assure an effective local x-ray tuberculosis control program.

e. Systematic inspection will be made of all x-ray case-finding equipment to insure that radiation exposure of the population is the minimal required.

f. All tuberculosis x-ray survey programs sponsored by the Health Department will have the prior approval of the State and local health authorities.

3. *Tuberculosis in Maryland 1957*—Provisional figures from the State of Maryland show a decrease in deaths outside Baltimore City while Baltimore City reported 207 deaths in comparison to 195 in 1956 and 178 in 1955. The number of new cases reported were about 900 outside Baltimore City and about 1000 in the city. This is a slight decrease over 1956.

It was suggested that the Baltimore City Health Department survey their 1957 deaths for an explanation of the rise in mortality. It is possible that Asian Flu had some effect and also that older patients were dying of other causes while still suffering from active tuberculosis.

4. *Chest X-rays on Admission to General Hospital*—It was reported that in 1956 about  $\frac{1}{3}$  of all newly reported cases of tuberculosis were from General Hospitals. It was reiterated that all adult admissions to General Hospitals should have chest x-rays. Because of the high incidence of tuberculosis in older age groups, it was felt that all admissions to Nursing Homes should have Chest x-rays.

5. *"Open" cases in the Community*—It was felt that a considerable number of persons were resident in the community with sputum positive for tubercle bacilli. It was suggested that strong action be taken to locate these cases and insure their proper isolation and treatment to protect the community.

This field is primarily one of official Public Health function and warrants close cooperation and coordinated effort by all agencies for effective action.

6. *City Jail and Tuberculosis*—A request was forwarded through the Chairman that a study be made to afford better control of City Jail inmates with active tuberculosis who refuse hospitalization.

7. *Baltimore City Medical Society*—It was noted that Baltimore City had the greater part of the Tuberculosis problem in Maryland. It was recommended that the Chairman approach the B.C.M.S. with a suggestion that a Tuberculosis Committee of that organization would be more closely associated with the area containing the problem and better able to effect direct action.

The Chairman spoke and wrote to Dr. Whitmer Firor making the above recommendation (17 Jan. '58).

8. *Commissioner of Health, Baltimore City*—As a follow up of 1957 meeting with the Commissioner, it was advised that

the Chairman again meet with the Commissioner to invite his counsel and cooperation.

The Chairman met with Dr. Williams 21 Jan. '58 and with Drs. Tayback and Farber of the Baltimore City Health Department. Dr. Williams was informed of the 1958 committee deliberations and was in accord with their views. The Baltimore City Health Department is continuing chest x-ray surveys under the same general principles as outlined. His department was reviewing 1957 Tuberculosis deaths.

Dr. Williams announced that his Department with outside consultants were ready to undertake an intensive study of Tuberculosis in Baltimore City. The Committee would be named soon and Dr. Williams thought that many existing problems would be better defined and solutions sought for them.

The Chairman informed Dr. Williams of the fact that a National Tuberculosis Association Program Evaluation Team would be working with the Maryland Tbc. Association in Feb.-Mar. 1958 and this activity might well fit into his plans. Since the President of the Baltimore City Medical Society was informed of the Md. Tbc. Association study plan, we might well expect an intense study of our serious tuberculosis problem from several fronts, from varied points of view and hopefully with some fruitful labors.

The following are the Recommendations of this Committee:

**1. CHEST X-RAY SURVEYS OF GROUPS AT HIGH RISK FROM TUBERCULOSIS SHOULD CONTINUE AS A MEANS OF FINDING PULMONARY TUBERCULOSIS. THIS IS IN ACCORD WITH POLICY OF THE STATE DEPARTMENT OF HEALTH.**

**2. CHEST X-RAYS SHOULD BE TAKEN ON ALL ADULT PATIENTS UPON ADMISSION TO GENERAL HOSPITALS AND ON PATIENTS ADMITTED TO NURSING HOMES.**

**3. MORE ATTENTION MUST BE PAID BY PHYSICIANS TO CASE-FINDING, REPORTING, AND TO PROPER ISOLATION AND TREATMENT OF CASES OF TUBERCULOSIS. MARYLAND IN 1957 STILL HAS ONE OF THE WORST TUBERCULOSIS RECORDS IN THE COUNTRY.**

Respectfully submitted,  
EDMUND G. BEACHAM, M.D., *Chairman*  
OTTO C. BRANTIGAN, M.D.  
R ADAMS COWLEY, M.D.  
LEON H. HETHERINGTON, M.D.  
MEYER WILLIAM JACOBSON, M.D.  
JOHN E. MILLER, M.D.  
WILLIAM NEWCOMER, M.D.  
MOSES S. SHILING, M.D.  
CHARLOTTE SILVERMAN, M.D.  
WILLIAM S. SPICER, JR., M.D.  
HUGH G. WHITEHEAD, JR., M.D.  
SAMUEL WOLMAN, M.D.

**COMMITTEE REGARDING UNION SPONSORED  
CLINIC FOR EMPLOYEES OF GLENN  
L. MARTIN COMPANY**

(Appointed by the President as authorized by the Council, April 1957.)

**Mr. President and Members of the House of Delegates:**

The report of the Committee to Advise and Consult with Dr. Camp Regarding Union Sponsored Clinic for the Employees of Glenn L. Martin Company is negative.

Respectfully submitted,  
WILLIAM A. PILLSBURY, JR., M.D., *Chairman*  
CLARENCE E. MCWILLIAMS, M.D.  
HERBERT E. WILGIS, M.D.

**COMMITTEE ON VETERANS' MEDICAL CARE**

(Appointed annually by President)

**Mr. President and Members of the House of Delegates:**

Last year at the Annual Meeting of the Faculty the House of Delegates adopted the following recommendations of this Committee:

1. Limit Federal medical care of all veterans to service-connected disabilities.

2. Have veterans with service-connected disabilities cared for by the Armed Forces hospitals or by local civil hospitals on a home-town care basis. U. S. Public Health hospitals might also be used to a limited extent.

3. If, and when, #1 and #2 are accomplished, a study should be made from the State level as to the disposition of the VA hospital facilities. Consideration should be given to turning them over to the States, possibly as hospitals for tuberculous and neuropsychiatric patients.

4. That the Medical and Chirurgical Faculty of the State of Maryland appoint a properly financed committee to investigate the cost of patient care in VA hospitals in the State of Maryland, as compared with the cost of patient care in civil hospitals. There is reason to believe that not only is the per diem cost higher (if all costs are included) but that the longer average stay of the patient in VA hospitals boosts the costs appreciably higher.

5. That the Medical and Chirurgical Faculty ascertain the number of additional hospital beds needed in Maryland if VA hospitals are disbanded, and that they encourage measures to provide such beds.

6. That the action of the Faculty be communicated to the American Medical Association, and to all State Medical Societies.

7. That the Faculty make an organized effort to get Congressional action in order to consummate such of these aims as come within their province.

In order to implement these recommendations, the Chairman of your Committee, soon after the meeting, had several conferences with the Chairman of the Council (at that time Dr. Firor) with regard to the necessary action to effect the first recommendation, namely to limit medical care of all veterans to service-connected disabilities. We considered sending a letter to each member of Congress setting forth our views. Before doing that, however, the Chairman of the Council suggested that the Chairman of the Committee take the matter up with Representative Devereux, whom the Chairman knew very well. The Chairman did so and it was Representative Devereux's opinion that the effort would hardly be worthwhile. He recommended instead that we try to get Congressional public hearings on limiting medical care to veterans with service-connected disabilities.

The Chairman of the Committee then discussed the matter again with the Chairman of the Council and we decided that action by the Faculty alone would be futile in this matter and that the only proper course would be to try to get the A.M.A. Committee on Federal Medical Services to work in conjunction with all the various State Committees in order to secure public hearings on the subject. Your Chairman then had correspondence with the A.M.A. Committee and found that they had planned to take no immediate action. Recently, however, a letter from the Chairman of that Committee (dated 4 February) requests us to "be assured that activities are just about to begin that will hearten your soul about this business of continuing inroads of VA care into the private practice of medicine." He further stated that we would "soon see plans originating from within the Federal Medical Services Committee to initiate the public educational campaign on the veterans situation."

At its most recent meeting on 28 January 1958, your Committee decided to concentrate their efforts this year on trying to secure the cooperation of other State Societies in getting the A.M.A. Committee on Federal Medical Services to press for a Congressional hearing on the Veterans Administration. We also propose to get the U. S. Chamber of Commerce, which is already on our side, to support our efforts in getting legislative action to remedy the abuses of free medical care in the Veterans Administration.

In the meantime your Committee was surprised to find that the last words of Recommendation 6 "and to all State Medical Societies," which provided that a copy of our statement of policy be sent to all State Medical Societies had been omitted from the official minutes. This was probably the fault of your Chairman, as those words were added at the last minute and were not contained in the written report of the Committee, although they were included in the Recommendations as adopted by the House of Delegates. IT IS, THEREFORE, REQUESTED THAT THE HOUSE AUTHORIZE THE SENDING OF THE ADOPTED RECOMMENDATIONS TO ALL STATE MEDICAL SOCIETIES. THIS IS ESSENTIAL IN ORDER TO OBTAIN THE CONCERTED ACTION WHICH WE DESIRE AND WHICH IS SO NECESSARY TO EFFECTUAL EFFORT.

On 14 August 1957 the Secretary of the Faculty wrote your Chairman a letter saying that "Recommendation 1 is approved, and the remainder in principle as long-range objectives to be effected or modified as desirable in the future, when and if Recommendations 1 and 2 are accomplished." This letter never reached your Chairman and he was not aware of its existence until he saw it in the Faculty office towards the end of January. It is true that Recommendations 2 to 5 can be delayed and some of them will have to be delayed until Recommendation 1 is accomplished. However, Recommendation 7, which has to do with getting Congressional action, is imperatively needed right now, else Recommendation 1 on limiting Federal medical care to veterans will never be accomplished. *IT IS THEREFORE REQUESTED THAT THE HOUSE OF DELEGATES REAFFIRM THEIR ACTION OF LAST YEAR IN ADOPTING THE SEVEN RECOMMENDATIONS WITH THE PROVISIO THAT THEY BE ACCOMPLISHED IN LOGICAL ORDER TO FIT THE CIRCUMSTANCES AS THEY ARISE.*

**Summary of Report.** Following the adoption of the Committee's recommendations by the House of Delegates last year, the Committee has worked towards trying to obtain concerted action by the A.M.A. Committee on the Federal Medical Services and of the various State committees, to obtain a Congressional hearing on veterans medical care, with a view to limiting Federal medical care to veterans with service-connected disabilities. These efforts will be continued.

Respectfully submitted,  
AMOS R. KOONTZ, M.D., *Chairman*  
ERNEST I. CORNBROOKS, JR., M.D.  
PHILIP D. FLYNN, M.D.  
HARRY C. HULL, M.D.  
ARTHUR KARFGIN, M.D.  
CLARENCE E. MCWILLIAMS, M.D.  
S. EDWIN MULLER, M.D.  
JAMES G. STEGMAIER, M.D.  
GEORGE H. YEAGER, M.D.

#### MEDICAL ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

(Upon request of Department of Education, representatives were recommended by Executive Committee in February 1957, and duly approved by State Department of Education)

#### Mr. President and Members of the House of Delegates:

The names of the Faculty representatives on this Committee were recommended to the State Department of Health, who in turn submitted them to the State Department of Education. Dr. Perry Prather, has informed the Secretary, that there will be no report at this time.

Respectfully submitted,  
FLORENCE I. MAHONEY, M.D.  
DOUGLAS G. CARROLL, JR., M.D.  
MAURICE C. PINCOFFS, M.D.  
ALBERT I. MENDELOFF, M.D.  
CHARLES REIFSCHNEIDER, M.D.  
FRANCIS J. BORGES, M.D.  
LEROY W. SAUNDERS, M.D.  
HOWARD B. McELWAIN, M.D.

#### REPORT OF THE ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

(Executive Committee of the Council is the Advisory Committee to the Woman's Auxiliary)

(Upon recommendation of Council, in May 1956 the House of Delegates authorized that the Executive Committee of Council be the Advisory Committee to the Woman's Auxiliary.)

#### Mr. President and Members of the House of Delegates:

No formal requests for advice were received from the Auxiliary.

Respectfully submitted,  
LEO BRADY, M.D., *Chairman* (1958)  
HOWARD M. BUBERT, M.D., *Vice-Chairman*  
J. SHELDON EASTLAND, M.D., *President*  
EVERETT S. DIGGS, M.D., *Secretary*  
WETHERBEE FORT, M.D., *Treasurer*

## OFFICERS, COUNCILS, SPECIAL COMMITTEES, ETC. 1958

(Reprinted from Annual Meeting Hand Book, 1958)

MEDICAL AND CHIRURGICAL FACULTY OF  
THE STATE OF MARYLAND  
OFFICERS

*President*—J. Sheldon Eastland, Baltimore  
*Vice-Presidents*—Archie Robert Cohen, Clear Spring; Alfred  
 R. Maryanov, Cambridge; Grant E. Ward, Baltimore  
*Treasurer*—Wetherbee Fort, Baltimore  
*Secretary*—Everett S. Diggs, Baltimore

## COUNCILORS

	Term Expires
Leo Brady, <i>Chairman</i> , Baltimore.....	1960
Howard M. Bubert, <i>Vice-Chairman</i> , Baltimore.....	1958
David J. Gilmore, Salisbury.....	1958
Albert E. Goldstein, Baltimore.....	1958
Ralph G. Hills, Baltimore.....	1958
R. Carmichael Tilghman, Baltimore (To fill Dr. R. L. McLean's term until April 1958 meeting of House of Delegates)	
A. Talbott Brice, Jefferson.....	1959
Leslie E. Daugherty, Cumberland.....	1959
E. W. Ditto, Jr., Hagerstown.....	1959
Frank J. Geraghty, Baltimore (To fill Dr. G. H. Yeager's term until April 1958 meeting of House of Delegates)	
Russell S. Fisher, Baltimore.....	1960
R. Walter Graham, Jr., Baltimore.....	1960
Howard F. Kinnamon, Easton.....	1960
Waldo B. Moyers, Hyattsville.....	1960
Charles F. O'Donnell, Towson.....	1960
J. Sheldon Eastland, <i>President</i> , Baltimore.....	1958
C. Reid Edwards, <i>Past-President</i> , Baltimore.....	1958
Wetherbee Fort, <i>Treasurer</i> , Baltimore.....	1958
Everett S. Diggs, <i>Secretary</i> , Baltimore.....	1958
President-elect.....	1958
Whitmer B. Firor, <i>Chairman, Committee on Constitution and By-Laws</i> , Baltimore.....	1958
Louis Krause, <i>Chairman of Library Committee</i> , Balti- more.....	1960
Robert vL. Campbell, <i>A.M.A. Delegate</i> , Hagerstown....	1959
George H. Yeager, <i>A.M.A. Delegate</i> , Baltimore (To fill Dr. W. B. Allan's term until April 1958 meeting of House of Delegates)	

DELEGATES TO THE AMERICAN MEDICAL  
ASSOCIATION

	Term Expires
<i>Delegate</i> —George H. Yeager, Baltimore (To fill Dr. W. B. Allan's term until April 1958 meeting of House of Delegates)	
<i>Alternate</i> —H. Hanford Hopkins, Baltimore.....	1958
<i>Delegate</i> —Robert vL. Campbell, Hagerstown.....	1959
<i>Alternate</i> —William B. Long, Salisbury.....	1959

MEMBERS OF THE BOARD OF MEDICAL  
EXAMINERS

	*Term Expires
Lewis P. Gundry, <i>President</i> , Baltimore.....	1958
Samuel McLanahan, <i>Vice-President</i> , Baltimore.....	1960
Frank K. Morris, <i>Secretary-Treasurer</i> , Baltimore.....	1959
Wylie M. Faw, Cumberland.....	1958
John H. Hornbaker, Hagerstown.....	1959
Walter C. Merkel, Baltimore.....	1960
Vernon H. Norwood, Baltimore.....	1961
Norman E. Sartorius, Jr., Pocomoke City.....	1961

## COMMITTEES

The names of the members of the Committees follow at the end of each report.

The following Committees are listed as the names of the members are not given elsewhere in these Transactions:

*Executive Committee of the Council*

(Chairman of the Council, Vice-Chairman of the Council, President, Secretary, and Treasurer, as provided in the Constitution and By-Laws.)

Leo Brady, *Chairman of Council*, Baltimore  
 Howard M. Bubert, *Vice-Chairman of Council*, Baltimore  
 J. Sheldon Eastland, *President*, Baltimore  
 Everett S. Diggs, *Secretary*, Baltimore  
 Wetherbee Fort, *Treasurer*, Baltimore

*Committee on Finance and Budget*

(In accordance with the By-Laws, shall consist of eight members, namely, Chairman of Council, Vice-Chairman of Council, the Treasurer, who shall be Chairman of Committee, the Secretary, and four additional members appointed by Chairman of Council.)

Wetherbee Fort, *Treasurer, Chairman*, Baltimore  
 Leo Brady, *Chairman of Council*, Baltimore  
 Howard M. Bubert, *Vice-Chairman of Council*, Baltimore  
 Everett S. Diggs, *Secretary*, Baltimore  
 E. Cowles Andrus, Baltimore  
 R. Walter Graham, Jr., Baltimore  
 Bender B. Kneisley, Hagerstown  
 Norman E. Sartorius, Jr., Pocomoke City

*The House Committee*

(Executive Committee plus the Chairman of the Library Committee as provided in the Constitution and By-Laws.)

Leo Brady, *Chairman of Council*, Baltimore  
 Howard M. Bubert, *Vice-Chairman of Council*, Baltimore  
 J. Sheldon Eastland, *President*, Baltimore  
 Everett S. Diggs, *Secretary*, Baltimore  
 Wetherbee Fort, *Treasurer*, Baltimore  
 Louis Krause, *Chairman of Library Committee*, Baltimore

\* Under the State Law, terms of office of all members of Board shall begin the first Tuesday in June of the year in which they are elected.



# OFFICERS, DELEGATES, MEETING TIME, ETC., OF COMPONENT MEDICAL SOCIETIES, 1958

(Reprinted from Annual Meeting Program, 1958)

**ALLEGANY-GARRETT COUNTY.** *President*—Hilda Jane Walters, Frostburg; *Vice-President*—Leland B. Ranson, Cumberland; *Secretary*—Carlton Brinsfield, Cumberland; *Treasurer*—Thomas F. Lewis, Cumberland; *Delegates*—Benedict Skitarelic, Cumberland, Abraham J. Mirkin, Cumberland; *Alternate Delegates*—Donald B. Grove, Cumberland, A. E. Mance, Oakland; *Journal Representative*—Leslie E. Daugherty, Cumberland; *Meetings*—Quarterly.

**ANNE ARUNDEL COUNTY.** *President*—J. Howard Beard, Annapolis; *Vice-President*—Irving L. Ochs, Annapolis; *Secretary-Treasurer*—Randall McLaughlin, Pasadena; *Delegate*—John G. Lyons, Jr., Annapolis; *Alternate Delegate*—Manning W. Alden, Annapolis; *Journal Representative*—Philip Briscoe, Annapolis; *Meetings*—Quarterly.

**BALTIMORE CITY.** *President*—Whitmer B. Firor; *President-Elect*—Samuel Whitehouse; *Vice-President*—H. Hanford Hopkins; *Secretary*—John N. Classen; *Treasurer*—Robert C. Kimberly; *Journal Representative*—Conrad Acton; *Representatives to the Executive Board*—John Sheldon Eastland (1957-1958), John Tilden Howard (1957-1958), George G. Finney (1958-1959), Russell S. Fisher (1958-1959), Otto C. Phillips (1958-1959), Francis J. Geraghty, ex officio (1958).

## 1957-1958

<i>Delegates</i>	<i>Alternates</i>
Helen Bowie	Joseph B. Workman
Ernest C. Brown, Jr.	Lester A. Wall, Jr.
Ernest I. Cornbrooks, Jr.	Theodore Kardash
D. McClelland Dixon	John S. Haines
William E. Grose	Roy O. Scholz
H. Donald Jandorf	William F. Cox, III
George A. Knipp	Alan C. Woods, Jr.
Franklin E. Leslie	John J. Tansey
Howard B. Mays	John M. Spence, Jr.
James N. McCosh	Hammond J. Dugan, Jr.
Samuel Morrison	David R. Will
Raymond C. Vail Robinson	Lawrence M. Serra
E. Roderick Shipley	John L. Peck
Edward Stinson, Jr.	William G. Helfrich

## 1958-1959

Walter A. Anderson	I. Earl Pass
Francis J. Borges	Philip D. Flynn
Jacob C. Handelsman	Clinton R. Harrison
Robert F. Healy	Arthur G. Siwinski
Walter L. Kilby	Oscar B. Camp
C. Edward Leach	Charles N. Davidson
William D. Lynn	Nicholas J. Kohlerman
Donald W. Mintzer	Robert G. Chambers
Moses Paulson	E. Ellsworth Cook, Jr.
William F. Pearce	Thomas E. Van Metre, Jr.
Douglas H. Stone	J. Elliot Levi
J. Frank Supplee, III	James J. Gerlach
Henry C. Welcome	Ruth W. Baldwin
A. Dougal Young	Milton B. Kress

*Meetings*—First Friday of each month, October through April.

**BALTIMORE COUNTY** (April 1958-July 1, 1959). *President*—Clarence E. McWilliams, Reisterstown; *Vice-President*—J. Morris Reese, Lutherville; *Secretary-Treasurer*—John E. Gessner, Essex; *Delegates*—Melvin B. Davis, Dundalk, William A. Pillsbury, Timonium, Martin E. Strobel, Reisterstown; *Alternate Delegates*—Louis Z. Dalmau, Pikesville, Frank T. Kasik, Baltimore County, George S. M. Kieffer, Baltimore County; *Journal Representative*—Samuel P. Scalia, Pikesville; *Meetings*—Third Wednesday of each month.

**CALVERT COUNTY.** *President*—Hugh W. Ward, Owings; *Vice-President*—(No one appointed as of 4-58); *Secretary-Treasurer*—(Pro tem—H. W. Ward); *Delegate*—Page C. Jett, Prince Frederick; *Alternate Delegate*—Hugh W. Ward, Owings; *Journal Representative*—Page C. Jett, Prince Frederick; *Meetings*—On call of President.

**CAROLINE COUNTY.** *President*—E. Paul Knotts, Denton; *Vice-President*—Harold B. Plummer, Preston; *Secretary-Treasurer*—Robert Wright, Greensboro; *Delegate*—Charles H. Winnacott, Ridgely; *Alternate Delegate*—Dawson O. George, Denton; *Journal Representative*—Robert Wright, Greensboro; *Meetings*—On call.

CARROLL COUNTY. *President*—Wilbur G. Speicher, Westminster; *Vice-President*—Charles L. Billingslea, Westminster; *Secretary-Treasurer*—William B. Culwell, Mt. Airy; *Delegate*—R. S. McVaugh, Taneytown; *Alternate Delegate*—Merritt Robertson, New Windsor; *Journal Representative*—R. S. McVaugh, Taneytown; *Meetings*—First Wednesday in month.

CECIL COUNTY. *President*—Wallace H. Sadowsky, Perryville; *Vice-President*—John A. Fischer, Elkton; *Secretary-Treasurer*—Klaus H. Huebner, North East; *Delegate*—Richard C. Dodson, Rising Sun; *Alternate Delegate*—George J. Kreis, Jr., Elkton; *Journal Representative*—Milford H. Sprecher, Elkton; *Meetings*—Second Tuesday, every month, except July and August.

CHARLES COUNTY. *President*—Edward J. Edelen, LaPlata; *Vice-President*—Arthur O. Woody, LaPlata; *Secretary-Treasurer*—J. Parran Jarboe, LaPlata; *Delegate*—John H. Griffin, Hughesville; *Alternate Delegate*—Vernon B. Dettor, LaPlata; *Journal Representative*—Frederick M. Johnson, LaPlata; *Meetings*—Second Thursday, each month, 8:30 p.m.

DORCHESTER COUNTY. *President*—Kenneth B. Jones, Church Creek; *Vice-President*—Elizabeth A. Winiarz, Cambridge; *Secretary-Treasurer*—Clarence A. Tinsman, Cambridge; *Delegate*—Albert E. Bunker, Cambridge; *Alternate Delegate*—Eldridge H. Wolff, Cambridge; *Journal Representative*—; *Meetings*—Third Wednesday of each month.

FREDERICK COUNTY. *President*—Jesse S. Fifer, Frederick; *1st Vice-President*—Henry V. Chase, Frederick; *2nd Vice-President*—Thomas E. Stone, Braddock Heights; *Secretary*—Thomas Reid, Frederick; *Treasurer*—John M. Culler, Frederick; *Delegate*—Louis R. Schoolman, Frederick; *Alternate Delegate*—Henry V. Chase, Frederick; *Journal Representative*—Louis R. Schoolman, Frederick; *Meetings*—Monthly.

HARFORD COUNTY. *President*—Richard Norment, III, Havre de Grace; *Vice-President*—J. Ralph Horky, Churchville; *Secretary-Treasurer*—William K. Brendle, Havre de Grace; *Delegate*—M. Dudley Phillips, Darlington; *Alternate Delegate*—Charles W. Stewart, Jr., Edgewood; *Journal Representative*—J. Ralph Horky, Churchville; *Meetings*—Monthly.

HOWARD COUNTY. *President*—Donald E. Fisher, Ellicott City; *Vice-President*—Peter V. Thorpe, Ellicott City; *Secretary-Treasurer*—Theodore R. Shrop, Ellicott City; *Delegate*—George E. Burgdorf, Jr., Ellicott City; *Alternate Delegate*—Theodore R. Shrop, Ellicott City; *Journal Representative*—Theodore R. Shrop, Ellicott City; *Meetings*—Fourth Friday, January, March, May and September and First Friday of December.

KENT COUNTY. *President*—A. C. Dick, Chestertown; *Secretary-Treasurer*—Arthur T. Keefe, Jr., Chestertown; *Delegate*—Robert W. Farr, Chestertown; *Journal Representative*—Arthur T. Keefe, Jr., Chestertown; *Meetings*—On call.

MONTGOMERY COUNTY. *President*—William T. Joyce, Bethesda; *Vice-President*—Henry P. Laughlin, Chevy Chase; *Secretary*—Henry W. Jaeger, Silver Spring; *Treasurer*—Allen J. O'Neill, Bethesda; *Delegates*—Jacob W. Bird, Sandy Spring, Austin B. Rohrbaugh, Jr., Chevy Chase, John O. Robben, Silver Spring, M. McKendree Boyer, Damascus, John G. Ball, Bethesda; *Alternate Delegates*—Robert A. Hare, Takoma Park, William S. Murphy, Rockville, Robert A. Bier, Silver Spring, John F. Brownsberger, Takoma Park, Merrill M. Cross, Silver Spring; *Journal Representative*—Henry W. Jaeger, Silver Spring; *Meetings*—Third Tuesday of each of the nine months mentioned, January through May and September through December.

PRINCE GEORGE'S COUNTY. *President*—John W. Perkins, Hyattsville; *Vice-President*—David S. Clayman, Riverdale; *Secretary*—Ronald S. Fleischer, Hyattsville; *Treasurer*—Richard D. Bauer, Hyattsville; *Delegates*—William B. Hagan, Mt. Rainier, Wolcott L. Etienne, College Park, Hans Wodak, Greenbelt; *Alternate Delegates*—Norman D. Comeau, Mt. Rainier, John S. Haught, Mt. Rainier, S. Jack Sugar, Hyattsville; *Journal Representative*—David S. Clayman, Riverdale; *Meetings*—First Tuesday every month at 8:30 p.m.

QUEEN ANNE'S COUNTY. *President*—Irvin G. Hoyt, Queens-town; *Secretary-Treasurer*—Caroline H. Callison, Centreville; *Delegate*—C. Rodney Layton, Centreville; *Alternate Delegate*—Theodor Sattelmair, Stevensville; *Journal Representative*—H. F. McPherson, Centreville; *Meetings*—Every three months.

ST. MARY'S COUNTY. *President*—J. Roy Guyther, Mechanicsville; *Vice-President*—William H. Patrick, Lexington Park; *Secretary-Treasurer*—Robert T. Fuchs, Leonardtown; *Delegate*—Philip J. Bean, Great Mills; *Alternate Delegate*—Leon W. Berube, Mechanicsville; *Journal Representative*—Robert T. Fuchs, Leonardtown; *Meetings*—Second Wednesday each month.

SOMERSET COUNTY. *President*—C. G. Rawley, Crisfield; *Vice-President*—A. N. Barr, Crisfield; *Secretary-Treasurer*—Robert H. Johnson, Princess Anne; *Delegate*—George C. Coulbourn, Marion Station; *Alternate Delegate*—C. G. Rawley, Crisfield; *Journal Representative*—A. N. Barr, Crisfield; *Meetings*—On call.

TALBOT COUNTY. *President*—A. B. Cecil, Jr., Easton; *Vice-President*—John S. Green, III, Easton; *2nd Vice-President*—Guy M. Reeser, Jr., Tilghman's Island; *Secretary-Treasurer*—Louis S. Welty, Easton; *Delegate*—Thurston Harrison, Easton; *Alternate Delegate*—James H. P. Garnett, Easton; *Journal Representative*—Louis S. Welty, Easton; *Meetings*—On call.

WASHINGTON COUNTY. *President*—J. Walter Layman, Hagerstown; *Vice-President*—John A. Moran, Hagerstown; *Secretary-Treasurer*—Ernest F. Poole, Hagerstown; *Delegates*—Edward W. Ditto, III, Hagerstown, Richard A. Young, Hagerstown; *Alternate Delegates*—Archie R. Cohen, Clear Spring, Frank E. Brumback, Hagerstown; *Journal Representative*—Archie Robert Cohen, Clear Spring; *Meetings*—January, April, July and October.

WICOMICO COUNTY. *President*—Joseph J. Tamasi, Salisbury; *Vice-President*—Hunter R. Mann, Jr., Salisbury; *Secretary-Treasurer*—Theodore S. Smith, Salisbury; *Delegate*—Osborne D. Christensen, Salisbury; *Alternate Delegate*—Henry A. Briele, Salisbury; *Journal Representative*—Raymond M. Yow, Salisbury, and Thomas C. Hill, Salisbury; *Meetings*—Second Monday every month except June–September.

WORCESTER COUNTY. *President*—Paul Cohen, Snow Hill; *Vice-President*—Norman E. Sartorius, Jr., Pocomoke City; *Secretary-Treasurer*—Robert A. Grubb, Berlin; *Delegate*—Robert C. LaMar, Snow Hill; *Alternate Delegate*—Nathaniel R. Thomas, Ocean City; *Journal Representative*—Francis J. Townsend, Jr., Ocean City; *Meetings*—Third Wednesday, January, April, July and October.

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#### HONOR ROLL

The following Component Societies rated 100%, as all members paid their dues and assessments on or prior to January 31, 1958:

Carroll County  
Charles County

Harford County  
Kent County  
Queen Anne's County  
St. Mary's County  
Somerset County  
Talbot County

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## COMPLETION OF 1958 TRANSACTIONS

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STATE OF MARYLAND DEPARTMENT OF HEALTH  
MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, July 18-August 14, 1958

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT. AND SERUM	MEASLES	MENINGOCOCCAL INFECTIONS	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS, NON-PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	Influenza and pneumonia	DEATHS
Total, 4 weeks																			
Local areas																			
Baltimore County.....	2	—	8	—	11	—	4	1	—	—	—	—	1	8	—	2	t-1	6	
Anne Arundel.....	1	—	—	—	1	1	1	—	—	—	—	—	1	3	—	1	m-1	3	
Howard.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	
Harford.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	
Carroll.....	—	—	3	—	65	—	2	—	—	—	—	—	—	—	—	2	—	10b	
Frederick.....	2	—	1	—	—	—	1	—	—	—	14	—	2	1	—	—	—	—	
Washington.....	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Allegany.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	m-1	—	
Garrett.....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Montgomery.....	—	—	25	2	25	—	1	—	—	—	1	—	1	3	—	1	m-15*	1	
Prince George's.....	2	—	1	—	4	1	—	—	—	1	—	—	2	7	—	30	m-1	4	
Calvert.....	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	
Charles.....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	
Saint Mary's.....	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Cecil.....	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	—	—	1	
Kent.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	
Queen Anne's.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Caroline.....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	
Talbot.....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	m-2	—	
Dorchester.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wicomico.....	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	6	—	3	
Worcester.....	—	—	—	—	—	—	2	—	—	—	—	—	—	1	—	1	—	1	
Somerset.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total, Counties.....	7	0	40	3	106	3	11	1	0	3	15	1	9	33	2b	88b		32b	
Baltimore City.....	22	0	50	10	54	0	13	2	0	1	5	0	6	67	18	503	e-1 m-5	18	
State																			
July 18-Aug. 14, 1958..	29	0	90	13	160	3	24	3	0	4	20	1	15	100	20	591		50	
Same period 1957.....	19	0	11	4	105	1	79	3	0	6	45	0	46	143	29	554		30	
5-year median.....	32	1	21	19	140	2	88	9		7	21	2	42	148	22	660		16	
Cumulative totals																			
State																			
Year 1958 to date.....	1438	3	2214	81	6204	21	392	3	0	13	463	4	62	1005	159	4341		642	
Same period 1957.....	1887	1	237	84	1056	22	1922	7	0	15	773	2	241	1091	158	4316		428	
5-year median.....	3019	9	533	217	4273	32	2222	34		21	1237	12	259	1321	153	4695		472	

m = meningitis, other than meningococcal. \* ECHO virus isolated in 7 cases.

e = encephalitis. t = tetanus.

b = total includes cases reported by State Hospitals and Institutions.



## COMING MEETINGS

### MARYLAND ACADEMY OF GENERAL PRACTICE

Tenth Annual Scientific Assembly, Hotel Alexander, Hagerstown, Md.

October 11 and 12, 1958

To celebrate its tenth anniversary, Dr. Archie R. Cohen, President, announced that the Academy will hold its annual two day meeting in Hagerstown. The meeting and scientific assembly will be held on October 11 and 12 at the Hotel Alexander.

The program, designed to bring the member general practitioners up-to-date on the widest possible range of their practice, is the most ambitious one ever offered. Eight lecturers and discussants will participate in this two day session.

The subjects and lecturers include: "The Irritable Child," by Dr. Keith Hammond of Paoli, Indiana; "Some Observations on Headache," by Dr. Arnold P. Friedman of New York City; "Diagnostic Aids and Management of Office Problems in Otolaryngology," by Dr. Peter A. Pastore of Richmond, Virginia; "The Irritable Bowel Syndrome," by Dr. Frederick Steigmann of Chicago, Illinois; "Episiotomy and Repair of Lacerations of the Cervix Following Delivery," by Dr. D. Frank Kaltreider of Baltimore; "Relief of Low Back Pain," by Dr. Louis N. Rudin of Baltimore; "Routine Rectal Examination," by Dr. Walter Gerwig of Hollywood, Maryland; and "The G.P. and the Care of the Discharged Mental Patient," by Dr. Elsie D. Kris of Bayshore, New York.

The cost of arranging this scientific assembly, speakers, etc. has been underwritten by Wyeth Laboratories. Members of the Medical and Chirurgical Faculty, as well as medical residents and interns are cordially invited to attend. There is no registration fee.

The annual business meeting of the Maryland Academy will follow the afternoon lectures on Saturday, October 11 at 3:00 P.M. Business for this meeting includes reports of officers and committees and election of officers and delegates for 1959.

Following the business meeting there will be cocktails and a reception for the officers. The annual banquet will be held at 7:00 P.M. and will be followed by dancing until midnight.

The complete program, with a pre-registration card, will be mailed to each member of the Medical and Chirurgical Faculty. Should you fail to receive one, or wish additional ones, write or telephone Mr. William J. Wiscott, 3722 Greenmount Avenue, Baltimore 18, Maryland—Phone Belmont 5-4772.

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### BALTIMORE CITY MEDICAL SOCIETY JOINT MEETING WITH THE RADIOLOGICAL AND ORTHOPAEDIC SECTIONS

WHITMER B. FIROR, M.D., *President*  
NATHAN HYMAN, M.D., *Chairman*  
EDMOND J. McDONNELL, M.D., *Chairman*

JOHN N. CLASSEN, M.D., *Secretary*  
JAMES K. V. WILLSON, M.D., *Secretary*  
GEORGE H. GREENSTEIN, M.D., *Secretary*

Friday, October 3, 1958, 8:30 p.m.

General Theory of Cancer. LENT C. JOHNSON, JR., M.D., Director of Orthopaedic Pathology,  
Armed Forces Institute of Pathology, Washington, D. C.

#### QUESTION AND ANSWER PERIOD

Coffee and doughnuts will be served by the Woman's Auxiliary to the Baltimore City Medical Society.

## COMING MEETINGS—Continued

## UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

## Two-Day Course in Industrial Medicine

October 16 and October 23

The Postgraduate Committee of the University of Maryland School of Medicine announces a course in Industrial Medicine designed to interest physicians, nurses, plant personnel managers and safety engineers. The lectures will be held in Chemical Hall on October 16 and October 23.

Registration fee for the two-day course is \$20.00; for one day, \$10.00. Luncheon is included.

Address questions concerning the course to: Postgraduate Committee Office, University of Maryland School of Medicine, Baltimore 1, Maryland.

## CLINICAL CONGRESS OF AMERICAN COLLEGE OF SURGEONS

October 6-10, 1958

The 44th annual Clinical Congress of the American College of Surgeons will be held in the Conrad Hilton Hotel in Chicago, October 6-10, 1958.

The schedule includes postgraduate courses, research forums, panel discussions, closed circuit operation telecasts, medical motion pictures, cine clinics, and exhibits.

For further information address the American College of Surgeons, 40 East Erie Street, Chicago 11, Illinois.

## AMERICAN CANCER SOCIETY

## SYMPOSIUM ON CANCER OF THE COLON AND RECTUM

October 20-21, 1958

Biltmore Hotel, New York

CONSTRUCTION WORKERS FUND OUTLAWS PAYMENTS TO OTHERS  
THAN LEGALLY QUALIFIED PHYSICIANS

The Construction Workers' Trust Fund recently made a ruling that only "legally qualified physicians" would be paid for medical care rendered to beneficiaries of the fund.

The statement made by officials of the fund says, in part, that "a misunderstanding has arisen as to qualified parties for payment for medical services. Specifically, the question was raised about payments to chiropractors, physical therapists, osteopaths, chiropodists and other quasi-related medical services.

"The group policy of the Fund provides for medical payment to 'legally qualified physicians.' This means a physician who is licensed by the State of Maryland under the standards prescribed by the State. The group mentioned above is *not so licensed.*"